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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

1934-1935

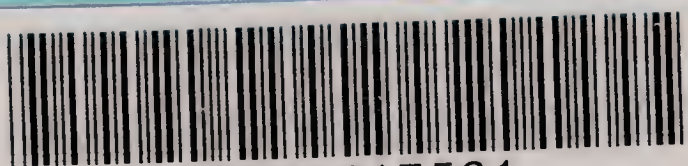
REPORT NUMBER 12

WINNIPEG, MANITOBA

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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

Annual Report, 1934-35

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Annual Report of the Department of Health and Public Welfare for 1934-35

Winnipeg, Manitoba,
February 20th, 1936.

To
Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the Department of Health and Public Welfare for the fiscal year ending April 30th, 1935. Each Division was asked to send in, in detail, a report of the year's activities and these are appended hereto. It is, however, the desire of your Executive Officer to briefly and specifically bring to your attention some of the outstanding points in the various Divisional Reports.

In view of the continued depression the work of the Department as a whole has increased out of all proportion to the increase in the amount of the appropriations allowed for the Department's activities. This extra work has been done by the staff putting in more time at their respective jobs, and has also been considerably aided by certain re-organizations in the Divisions.

Division of Child Welfare: After a year of operation of the re-organized Child Welfare Division, we find that this Division has been able to get through a considerably greater amount of work with apparently less effort and reduplication.

The Child Welfare Board have performed their functions exceedingly well and the payment of Mothers' Allowance has been kept within reasonable limits. One must issue a warning, however, that if greater restrictions are not put on those eligible for an allowance, the Government will have to allot more money for this particular service. However, we feel that the present year's allotment will carry us through until the end of April, 1936. During the year 1934-35 a supplementary estimate had to be obtained to carry us through the year.

The "total disability" cases are the greatest difficulty. There is a steady increase in the percentage of these to the total allowances granted in 1928. This percent in the year 1927-28 was 8.7, while for the year just closed it was 17.0.

We are pleased to be able to announce that it is the hope of the Department the new revised Child Welfare Act will be brought into operation following this Session of the Legislature. We feel convinced this will simplify our administrative problems and certainly will make for an easier understanding of the proper method of carrying on Child Welfare work.

Division of Psychiatry: The Reports of the Provincial Psychiatrist, and the Superintendents of the Brandon Hospital for Mental Diseases, the Selkirk Hospital for Mental Diseases, and the Manitoba School for Mental Defectives at Portage la Prairie, should indicate to everyone that this particular social service is becoming, if it is not already, one of the most important pieces of work which the Government is trying to carry out. Despite an increase in accommodation at our Mental Institu-

tions of over five hundred beds in the past five years, we still find we have a long waiting list of those wishing to avail themselves of the services of the Division of Psychiatry.

The Psychopathic Hospital: The point of greatest pressure, of course, is the Psychopathic Hospital in Winnipeg, and your Executive Officer would like to again reiterate that some different method of maintenance should be arrived at in reference to the patients in this Institution so that we could use to the full the accommodation available there at a per capita cost which might be considered reasonable. I would like to suggest that during the coming summer some special survey be made with a view to ascertaining the possibility of putting in our own services in order that we might in this way bring the per capita costs somewhere on a level with those pertaining in the other three Institutions.

We are again pleased to be able to announce that the per capita cost for maintaining patients at our three Institutions, outside the Psychopathic Hospital, still remains the lowest in Western Canada, if not the lowest in the Dominion, and stands this year at approximately 81.4 cents per patient per day. This includes not only the maintenance of patients but complete upkeep of buildings and equipment. It does not, however, include interest on capital expenditure.

The Manitoba School for Mental Defectives: As I mentioned in last year's report, another of our greatest needs is an increase in bed capacity at the Manitoba School for Mental Defectives. We have on our "waiting list" for admittance to this Institution close to one hundred patients, and it is creating considerable difficulty, not only among child-caring agencies in the Province, but also in the Division of Psychiatry, when we find that we have no place we can send even the most deserving cases. If provision can be made for a new building at Portage la Prairie for the housing of our Nursing Staff, something could be done to increase the accommodation at the Institution, besides making for a better classification and segregation of patients, which should make it possible for our discharge rate to be increased.

The Brandon Hospital for Mental Diseases: The new Unit at the Colony Building, Brandon Hospital for Mental Diseases, was opened during this past year, and certain new occupational activities started in the basement. These include woodworking and tailoring. Besides the great advantage of providing occupation to patients at the Institutions we hope these trade occupations will help to materially reduce the maintenance costs.

Farms connected with the Institutions: Despite the bad crop conditions which prevailed throughout the Province, the Farms at the three Institutions;—i.e., Brandon, Selkirk and Portage la Prairie;—continued to produce well, and at Brandon we are rapidly approaching the time when we will be producing sufficient milk for the requirements of the Institution.

Fiscal Supervision of Public Institutions; Relief; and Administration of the Estates of the Mentally Incompetent: Re-organization has gone forward in this Division during the past year and we hope the changes will be completed during the present year. It is hoped that the revenue of this Division may be materially increased by the changes made and contemplated.

The care and relief of indigent persons in unorganized territory each year becomes a heavier burden on our Budget. However, it is hoped the farming industry in the West will soon become a profitable venture; until such time arrives destitution in our unorganized districts is bound to increase.

The funds required for the care of aged and infirm persons continues to increase and is likely to do so until the economic well-being of our people improve.

DIVISION OF DISEASE PREVENTION:

Despite the lack of sufficient staff, the Division of Disease Prevention, which includes the Public Health Nursing Service, continues to carry on. During the past year the immunization programme put on in one of the organized municipalities was completed. In another instance, also, the Division had to step in and take over the control of an epidemic of venereal disease in a certain district in one of our organized municipalities.

We are happy to report that during the past year over 18,000 children were immunized against diphtheria and 18,000 were vaccinated against smallpox. A great deal more progress has also been made in the immunization of children against Scarlet Fever, and during the past year over 3,500 children were immunized against this disease by scarlet fever toxin.

Doctor Donovan, Epidemiologist, in charge of this Division, also made several trips into unorganized territory and made arrangements for the completion of the immunization programme started during the previous year.

We are also pleased to report that the year 1935 is a record in the history of Manitoba insofar as Diphtheria is concerned; there being only 276 cases reported;—a rate of 37 per 100,000 population. This rate is 19 less than ever before reported.

Venereal Disease Control: The Venereal Disease Clinic, conducted for the Department by the St. Boniface General Hospital, continues to serve Greater Winnipeg exceedingly well. It would appear from reports received from individuals who should know the requirements in this line that this Clinic is of the highest order.

The Department continues to supply to Physicians outside of Greater Winnipeg the necessary supplies to treat indigent persons suffering from Syphilis free of charge. Every year shows a marked improvement in treatment for Syphilis especially, and this in itself helps to lessen our load in caring for certain types of mental cases.

Food Control: The Sanitary control of milk, carried out by the Division of Food Control, under the Public Utility Board, still continues to make progress and a great deal is being done to assure that the citizens of Winnipeg are getting at least a fair quality of milk and that the milk is being made safe for use by pasteurization. During the past summer, a technician was employed, working from the Manitoba Agricultural College. He spent all summer taking samples of the milk as it arrived at the pasteurizing plant and testing it as to its cleanliness and keeping qualities. By means of these tests, information was made available to the Divisional heads so that they could bring more pressure to bear on the individual producers to try and have the milk brought up to the highest possible standard. We believe this has been a very worthwhile piece of work and if finances permit, we hope to carry on in a like manner again next summer.

Sanitation: The Division of Sanitation still continues to keep close watch on any business carried on throughout the Province, which might be a menace to the health of our people through lack of proper sanitary control. Many municipalities were helped over their difficulties in the disposal of waste and a complete check was kept on tourist and construction camps. We are of the opinion it is particularly important that tourist camps should receive as much attention as it is possible to give them. The Tourist and Convention Bureau receive each year a great many requests as to the types of tourist camps in operation in the Province. It has been

hoped that we might at some time establish a "certificate of approval" for any of these camps which come up to a definite standard, but as yet this has not been found possible.

Sanitary surveys of certain municipalities were carried out during the year. Limited staff, however, did not allow the Division as much time for this work as we would like to see. Nevertheless these surveys will probably be continued as circumstances permit.

Public Health Nursing Service: There is urgent need for an increase in the personnel of this Service. More and more as time goes on the nurses find their time being utilized for duties really outside of the scope of the service. Investigating cases for hospitalization, and for indigency; visiting relief cases, etc., now take up about one-third of the nurses' time. This service, we realize, is urgently required in order to insure that the public monies are spent to the best possible advantage, and we feel convinced that a province-wide scheme of nursing service, as we had in 1931, would more than pay for itself. It is almost impossible to summarize the work of the nurses, and to those who wish to get an insight into the needs of our people I would suggest that the full report, which is appended, be read.

Division of Hospitalization: As was expected the cost of the Department for the per diem grant increased considerably over the year ending April 30th, 1934; in all by over \$30,000. We think a further increase can be expected for the present year. The Division, however, was able to keep well within the amount allowed for the hospitalization of persons in unorganized territory. This has only been possible by the closest check being kept on every admittance to hospital of people who have no residence in an organized municipality.

Division of Provincial Laboratories: It is difficult to give in detail the tremendous amount of work which the Provincial Laboratory is carrying out for the well-being of the people of Manitoba. Each year the demands on the Provincial Bacteriologist become heavier and the amount of work being sent in to the laboratory increases. With the advent of the Cancer Research and Relief Institute, many practising physicians and also hospitals throughout the country thought they should be permitted to send in specimens of tissue to the Provincial Laboratory for analysis. This, of course, is not part of the duties of the Laboratory and arrangements have been made with the Cancer Research and Relief Institute to take over this work. Nevertheless there are still many practising physicians who use our Provincial Bacteriologist as a pathologist. We again wish to impress the Government with the imperative need there is for making provision in our estimates at the earliest possible moment for an assistant bacteriologist. It is both unwise and unfair to expect one individual to carry indefinitely the whole load of this important Division of this Department.

Division of Vital Statistics: This Division has still continued to function satisfactorily and the changes made during the last fiscal year and the re-organization in the staff have seemed to work out very well. During the year which is past, there has not come to your Executive Officer's attention a single complaint as to the type of service given by the staff in this Division.

In Conclusion, Sir, I would like to express to you my great appreciation of your interest and help and thorough understanding of our many problems. It has lightened my burdens more than I can say, having you so easily accessible to help in taking responsibility for changes in administration and also to give your assistance in the solving of the many intricate problems which come before us. I trust that I and the rest of the staff of this Department may continue to merit your whole-hearted support.

I also wish to express my deep appreciation of the work of every member of the Department, because during the past year every service required has been carried out in the best possible manner.

On behalf of the Department I also wish to express our appreciation of the voluntary assistance and advice so ably given to us by the Provincial Board of Health, the Child Welfare Board, and the Welfare Supervision Board. These Boards have at all times held themselves in readiness to come to our assistance and have been of untold value in strengthening our hands when occasions demanded it.

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D., D.P.H.,

Deputy Minister of Health and Public Welfare.

Report of the Welfare Supervision Board

To the Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

The members of the Welfare Supervision Board beg to submit, herewith, the Report of the Board for the year ending April 30th, 1935. This Board is appointed by the Government of Manitoba under provisions of the Welfare Supervision Act passed in 1919 and proclaimed by Order-in-Council Number 35906, on January 25th, 1921, and amended in 1923. At the beginning of the present year, the membership of the Board was composed of the following members:

Dr. E. S. Moorhead, Chairman
Mrs. Digby Wheeler
Miss Amy J. Roe
Mrs. Robert Darrach
Mr. R. D. Guy, K.C.

Dr. G. F. Stephens
Mr. Osmond Marrin
Mr. John Spalding
Mr. John Easton

Following the practice of former years, the Board outlines its annual report by making brief comments on the more important matters considered during the fiscal year.

1. PORTAGE LA PRAIRIE INSTITUTIONS.

The members of the Board made their annual visit to the Manitoba School for Boys and to the Institution for mental defectives. At both of these Institutions the Board was impressed with the excellent work being done. It was noted that one cottage unit at the School for Boys was closed while, on the other hand, there was an over-crowded condition at the Institution for mental defectives; in fact, at the latter Institution the Superintendent informed the Board that there was a considerable waiting list.

2. SOCIAL HYGIENE ASSOCIATION.

The Board renewed its interest in this Organization and proceeded with a further study of its activities and financial reports with a view to making a recommendation regarding the continuance of its charter.

3. ASILE RITCHOT, ST. NORBERT.

Special attention was given to this Institution by the Board in view of the fact that an increase in its grant had been asked for. Information was secured from Mr. J. M. Dunwoody and from other sources and, while the Board was not prepared to make any recommendation for the Legislative Session of 1934-35, it continued its work, expecting to be prepared to recommend regarding an increase in grant for the 1935-36 Session of the Legislature.

4. CHARITABLE INSTITUTIONS.

As in previous years, the Secretary visited a number of charitable institutions, paying particular attention to those in receipt of a Government grant. A report on

each institution listed was submitted to the Board and necessary recommendations made to the Department of Health and Public Welfare.

5. SURVEY OF JUVENILE DELINQUENCY.

By far the most important work carried on by the Board in the year under review was its continuance of a study of Juvenile Delinquency. In connection with this particular matter the Board held three regular and twelve special meetings. The Secretary attended the National Conference of Social Work at Kansas City and on this occasion had a long interview with Dr. Sheldon Glueck of Harvard University. He also visited the Juvenile Courts in Hamilton and Toronto, Ontario, without any expense to the Government. In Manitoba the Secretary visited the Police Magistrate at Dauphin and also the former Police Magistrate of this Judicial District; he interviewed the Police Magistrate and the Secretary of the Children's Aid Society, of Brandon. The Board, either in committee or in full meeting, conferred with the following persons: the Judge of the Juvenile Court, the Police Magistrate, the Chief of Police, the women police officers, Mr. Peter Lowe, service club representatives and several school principals, all of Winnipeg; the Superintendent of the Manitoba School for Boys, the Superintendent of the Manitoba School for Girls, and Provincial Child Welfare officers. Under the direction of the Board a series of case studies were made by Miss Z. F. Stoddard and Mr. A. M. Kirkpatrick. Excellent service was rendered to the Board by Mr. M. D. Grant, actuary.

During the year under review, the Board submitted to the Honourable Attorney-General its interim and final recommendations and also a special report on the detention quarters for male juvenile delinquents.

In conclusion, the Board wishes to express its appreciation for the confidence that has been placed in it by the members of the Legislative Council and by their departmental staffs who have co-operated with the Board. We desire, especially, to mention the encouraging attitude of the Minister of our own Department and to thank him for his attention to the opinions and recommendations of the Board.

Respectfully submitted,

E. S. MOORHEAD,
Chairman.

J. R. MUTCHMOR,
Secretary.

Annual Report

Child Welfare Division

Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Man.

Sir:

I have the honour to submit herewith the report of the Division of Child Welfare.

Each of the three sub-divisions, namely, Bereaved and Dependent Children, Child Care and Protection, and Legal Supervision, will be dealt with separately.

1. BEREAVED AND DEPENDENT CHILDREN.

The number of families on allowance during the year saw an increase of 18 over the previous year, although the children aided showed a reduction of 11. If better control could be obtained over the disability cases, one would think that probably we should be near the peak of our load in caring for this group in our community, and with the advent of more prosperous times possibly we may see a decline in the number of families seeking aid under Child Welfare legislation.

TABLE NO. 1 shows the number of applications received with their dispositions, also the cases cancelled and the number under allowance from month to month. It will be noticed that applications granted and cases cancelled are approximately the same.

TABLE NO 2 shows the distribution of families by cities, towns, villages, and municipalities. The Division, unless for some very special reason, insists that the family live in the Municipality from which the application is made. We often get into difficulties if a family is allowed to move from one Municipality to another, particularly if any member of the family should require hospitalization.

TABLE NO. 3 shows the reason for cancellation of allowance. It will be noticed that over 50% (b) and (c), are cancelled because they are no longer eligible under the Act. It is interesting also to note that 13% of the mothers re-married.

TABLE NO. 4 shows the causes of refusal to grant an allowance. Approximately one-third of those applying were found to have sufficient funds to be self-supporting. This is rather disturbing in that it might possibly indicate that there are people who are prepared to try to get something from the state to which they are not entitled.

TABLE 5 shows the cause of death of the father and TABLE 6 shows the cause of his disability.

These two tables should give us cause for thought. When we look over the list we are immediately struck by the high percentage of preventable causes of death. IF WE ARE LONG-SIGHTED, SHOULD WE NOT SPEND MORE MONEY ON PREVENTION NOW IN ORDER TO SAVE MORE MONEY AT A LATER DATE IN THE PAYMENT OF ALLOWANCES, BESIDES A GREAT DEAL OF UNNECESSARY DISABILITY AND GRIEF.

TABLE 7 shows the racial origin of the families on allowance.

2. CHILD CARE AND PROTECTION.

Child Protection: The very existence of organizations and legislation for the protection of children is in itself an indictment of the normal processes of the social order. The proudest day in the history of Manitoba will be when there are no neglected children. This will mean that the social order has caught up with the requirements of that portion of the Child Welfare Act (Part 4) dealing with neglected children but, unfortunately, the signs of the times show that this Utopia is not yet in sight. The 51st annual report of the National Society for the Prevention of Cruelty to Children, London, Eng., reports as follows: "Cases of violence rose for the seventh year in succession and at 4814 were by far the highest total in the Society's history. Speaking generally, the Society finds it easier to bring to a reasonable attitude of mind parents who have ill-treated their children than those who are grossly neglecting them. These are days of emotional stress. Empty pockets are the source of much irritation. Passions are easily aroused and in the ensuing disturbance children, especially crying babies, are roughly handled. A man in a passion rides a horse that runs away with him."

In our work with families and children, we realize that all forms of social work which make individuals and families more dependent and less capable of relying upon themselves are undesirable and should be avoided. Unfortunately, there are parents willing to be relieved of any responsibility for their children and insistence on their assuming it is necessary, even by court action. Helping an individual to develop the ability to work out his own social programme, through the use of available resources, is the only way of making possible the attainment of a satisfactory goal. Child Welfare is fundamentally family welfare and every social evil which militates against normal family life, such as poverty, poor housing and unemployment, militates against the child.

During the year it was necessary for the Division of Child Welfare to take guardianship of thirty-four children from areas in Manitoba not covered by a Children's Aid Society. The following are typical instances:

Word came from an isolated, unorganized portion of the province that a mother had died when the child was born. The mid-wife was caring for the baby temporarily, but, as the next of kin to the mother were aged parents, both too frail to undertake this delicate piece of work, Mary became our ward. Under scientific care to which the Dionne Quintuplets are a glowing tribute, she developed into an attractive child and is now the centre around which a whole family revolves. Before long, her final papers of absolute adoption will be signed. Mary represents a splendid blending of nationalities — German, French, Scandinavian and English. We are quite sure the League of Nations would approve of our Mary.

From a far distant mining camp came four boys. Their mother left the little shack on the shore of the lake, as her interests lay elsewhere, and later when the father was sent to prison, there was no one left to care for them. Both parents have now disappeared and the Division is trying to play the part of both father and mother. Frank, the eldest, is at an Institution, where he is receiving instruction in farm work and some day we hope he will be a farmer in this province. Willie and Henry are in foster homes and, by following every possible clue, we finally located a relative in Alberta who offered a home to the youngest.

Then there is Jennie, a tall, slender, sixteen-year-old girl, who is very ambitious. Last summer she secured work minding children and earned \$11.00 which was used to buy Grade X books. Her father and mother died of Tuberculosis, so we must guard her health carefully and have her examined each year at the Central T.B.

Clinic. In that Utopia which we mentioned a while ago, good public health work and preventive medicine will save many parents for their children and so reduce the number of children necessitating care by the State—at best a poor substitute for good parents.

There are many promising children today denied the opportunity of further education. If some philanthropic group could make available to social agencies scholarships of at least \$50.00 a year, it would be well worth while. Each agency could make application to a central Board who might decide where the scholarship should be placed. There could be no better way of honoring a member of a Club nor a better memorial to a friend. Such scholarships could bear the name of the person so honoured—such as the “Mary Black Scholarship.”

Another girl who came under our care was Ruth, age 14. A neighbor reported that Ruth had come to her for protection against her grandfather. The home was filthy and Ruth verminous, ragged and emaciated. She was taken to the Shelter in that district and a physical examination revealed no organic defects but malnutrition and extreme nervousness. The charge against the depraved grandfather proved all too true and he was dealt with for contributing to Ruth's neglect.

We would, however, like to make it very clear that we do not remove children from homes because of poverty. If parents are fit, they should be assisted, if necessary, to care for their own children. A humble home may be a good home and children should only be taken into care by an Agency after the most thoughtful study of home conditions.

In addition to the illustrations, continued physical cruelty was responsible for bringing eight children under our care. Four were born out of wedlock and for various reasons the mothers were unable or unfit to care for them. Here too the principle is practised that, if the mother wishes to retain the guardianship of her child, she is encouraged to do so. Two boys were orphans and required a legal guardian. Another was an abandoned infant. In the cases of two boys, the fathers were dead and the mothers in hospitals for mental diseases; in ten cases the homes, by reason of depravity, neglect, infirmity and immorality, were deemed unfit for the children.

It will be noted that in these cases there was no alternative but to remove the children and in all cases where there was a semblance of a family, efforts were made to make the home fit, before court action was taken or, after careful study, it was decided the welfare of the children would be better served by remaining in the home, in spite of certain weaknesses and inadequacies. After all, deep family affection is a strong determining factor in planning for the children.

Of this group of 34, 17 were committed by the courts for a temporary period while the other 17 were committed as permanent wards until they reach their 21st birthday. In regard to Residence, ten children came from organized and 24 from unorganized territory.

Child Care: We began this year with 232 wards of the Director under care, 37 of whom were temporary and 195 permanent. During the year we received 34 new wards, as previously described, making a total of 266 under care during the year.

Of these, four were absolutely adopted; 12 were discharged to their parent or parents; 10 reached their majority; 3 married and one was accidentally drowned. At the end of the year we had 236 wards under care; and we are always glad to learn of good foster homes where our children will be welcomed into the home circle of a good family.

The disbursements under Part 4 from appropriation were \$20,215.23; from collections on municipalities \$5,018.70; from relatives and other sources \$267.91; making a total of \$25,501.84.

DEVELOPMENT OF CHILDREN'S AID SOCIETY IN CENTRAL MANITOBA.

Believing in the value of preventive social work and realizing the need for more intensive work than could be supplied by a public department, a group of public spirited citizens in the central portion of the province conceived the idea of organizing their own Children's Aid Society.

The Municipalities believed this organization might prevent children from becoming neglected, thus saving them both socially and financially and also cherished the hope that more foster homes might be found within their boundaries.

A provisional board was elected at the general meeting on February 23rd, 1934, which continued the organization work. On May 31st, 1934, the Children's Aid Society of Central Manitoba was organized and duly incorporated. The area in which this Society functions includes: The Rural Municipalities of Portage la Prairie, North Norfolk, Westbourne, Lakeview, Glenella, Lansdowne, Rosedale, Langford and North Cypress, the City of Portage la Prairie and the towns of Gladstone, Carberry and Neepawa.

At the close of the year we note with pride and satisfaction the achievements of this newly formed society working in the interests of children within their midst.

The older established Children's Aid Societies of Winnipeg, Brandon, Dauphin, St. Adelard and the Jewish Orphanage and Children's Aid Society of Western Canada are still carrying on their crusade for better protection and care of children and have proved themselves worthy champions of this cause. Their efforts command our highest commendation.

3. LEGAL SUPERVISION.

This section is chiefly concerned with illegitimate children and the placing of children for adoption. There seems to be a steady increase in illegitimacy each year in our Province. This in itself is disturbing enough, but when we also take into consideration the signs that point to a great increase in sexual intercourse outside of wedlock, we have a real cause to be alarmed at the trend in our present day civilization.

Criminal abortion must be very common indeed. This statement is made in all sincerity. One only has to look over our yearly recorded maternal deaths to be struck by the increasing number of these that are due to abortion and more specifically to those in single women and defined as either self-induced or criminal. During the five-year period ending 1932, this group accounted for 7.1% of the total maternal deaths. If this figure bears the same relation to abortions produced as to live births in the other group, there must have been at least 6,430 criminal abortions performed during the same period,—surely an alarming total.

This would seem a social problem of the greatest magnitude and one which as yet in this Province is practically ignored.

Table 8 gives some statistics in connection with illegitimacy.

Adoptions: The section continued to place a goodly number of children for adoption during the year. It would appear that the demand for the better type of child is greater than the supply. Adopting parents are demanding greater protection in

the child they adopt in trying to insure that any child adopted is likely to grow up as a normal child should. As a result, they insist on a physically and mentally normal child besides which great importance is placed on the parental background. This, we think, is as it should be.

Table 9 gives a short summary of the figures in reference to adoptions.

The newly established Children's Aid Society of Central Manitoba seems to be functioning well and is, we feel sure, filling a real need in the community's activity in this part of the Province. All the child-caring institutions in the Province appear to be operating satisfactorily, although some are not up to capacity.

The Public Health Nursing Service have found us ample baby boarding homes of high quality. We think the private home is the ideal place for the homeless child to be placed in, as he gets the nearest approach to a normal home atmosphere and is more likely to grow into a normal adult.

In conclusion, may I bring to your attention, Sir, the continued loyalty and co-operation of every member of the staff of the Child Welfare Division. The reorganization made two years ago works well and we hope in the coming year to be able to show a further slight reduction in overhead expense. And may I thank you, Sir, on behalf of every member of the staff for your kindly consideration of our difficulties and your help in solving many of our problems.

I am, Sir,

Your obedient servant,

F. W. JACKSON,

Director of Child Welfare.

TABLE No. I.
CHILD WELFARE ACT— 1934-1935

Month	Applications		Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	Families Under Allowance	
	Received	Granted					
Deferred from previous							
year -----	55						
May—	New	11	12	6	16	2,816	958
	Re-applications	6	3	4	---	-----	-----
June—	New	12	5	5	17	2,787	948
	Re-applications	6	2	4	---	-----	-----
July—	New	20	10	3	10	2,782	953
	Re-applications	3	5	1	---	-----	-----
Aug.—	New	15	14	2	15	2,785	954
	Re-applications	4	2	1	---	-----	-----
Sept.—	New	17	9	3	13	2,795	957
	Re-applications	10	7	--	---	-----	-----
Oct.—	New	17	16	4	16	2,818	965
	Re-applications	3	8	1	---	-----	-----
Nov.—	New	18	9	2	16	2,809	962
	Re-applications	4	4	--	---	-----	-----
Dec.—	New	19	14	6	13	2,821	964
	Re-applications	2	1	2	---	-----	-----
Jan.—	New	15	13	12	12	2,812	969
	Re-applications	2	4	--	---	-----	-----
Feb.—	New	15	7	4	9	2,791	968
	Re-applications	5	1	1	---	-----	-----
Mar.—	New	15	10	4	10	2,785	968
	Re-applications	6	---	1	---	-----	-----
Apr.—	New	18	15	1	18	2,774	965
	Re-applications	6	---	2	---	-----	-----
		-----	-----	---	---	-----	-----
		249	171	69	165		
Cases carried over to							
next year -----	64						
Families under allowance during year -----							1,110
No. of children assisted during the year -----							3,302

TABLE II.
DISTRIBUTION OF FAMILIES:

Cities	Families			Children
Brandon shows -----	28	enrolled	with	76
Portage la Prairie shows -----	16	"	"	47
St. Boniface shows -----	15	"	"	47
Winnipeg shows -----	322	"	"	813
24 Towns show -----	87	"	"	268
17 Villages show -----	43	"	"	126
108 Rural Municipalities show -----	494	"	"	1,586
Unorganized Territory shows -----	105	"	"	339
	-----			-----
	1,110			3,302

TABLE III.

CAUSES OF CANCELLATION:

(a) Resources sufficient	15
(b) Only one child under fifteen	76
(c) No children under fifteen	13
(d) Only one child-M. recovered health	1
(e) F. not totally and permanently incapacitated	8
(f) F. not in an Institution	2
(g) Unsatisfactory home conditions	0
(h) M. re-married	22
(i) Non-compliance with regulations	12
(j) M. Immoral	7
(k) Received allowance from other funds	4
(l) Left Province	5
<hr/>	
Total	165

TABLE IV.

CAUSES OF REFUSAL:

(a) Resources sufficient	22
(b) Only one child under fifteen	8
(c) Only one child	3
(d) F. not totally and permanently incapacitated	7
(e) Excess assets	0
(f) Residence qualifications not fulfilled	10
(g) Non-compliance with regulations	8
(h) M. immoral	1
(i) Unsatisfactory home conditions	0
(j) M. not naturalized and children not born in Canada	0
(k) Desertion case	0
(l) Unemployment problem	1
(m) F. not in an Institution	3
<hr/>	

APPLICATIONS WITHDRAWN	63
<hr/>	
Total	6
<hr/>	
	69

TABLE V.

CAUSES OF DISABILITY:

1. Infectious Diseases:		
(a) Tuberculosis	37	
(b) Venereal Disease	6	
<hr/>		43
2. Diseases of Nervous System:		
(a) Paralysis	11	
(b) Sleeping Sickness	11	
(c) Multiple Sclerosis	5	
(d) Other causes	10	
<hr/>		37

3. Diseases of Respiratory System:		
(a) Chronic Bronchitis	1	
(b) Asthma	4	
(c) Other causes	1	
	<hr/>	6
4. Diseases of Digestive System		4
5. Diseases of Circulatory System		17
6. Diseases of Blood		2
7. Diseases of Kidney, Bladder and Urinary Passages		4
8. Diseases of Skin		2
9. Diseases of Bones and Joints		17
10. Mental Diseases—in hospital		37
		<hr/>
		169

TABLE VI.
CAUSES OF DEATH:

1. Infectious Diseases:		
(a) Tuberculosis	104	
(b) Venereal Disease	8	
(c) Influenza	7	
(d) Typhoid Fever	7	
(e) Smallpox	0	
(f) Erysipelas	3	
(g) Other causes	3	
	<hr/>	132
2. Diseases of Nervous System:		
(a) Cerebral Hemorrhage	24	
(b) Meningitis	10	
(c) Apoplexy	4	
(d) Tumor or Abscess of Brain	16	
(e) Other Causes	16	
	<hr/>	70
3. Diseases of Respiratory System:		
(a) Pneumonia	75	
(b) Bronchitis	4	
(c) Pleurisy	3	
(d) Asthma	3	
(e) Other causes	10	
	<hr/>	95
4. Diseases of Digestive System:		
(a) Appendicitis	19	
(b) Peritonitis	17	
(c) Ulcers of Stomach and Duodenum.....	14	
(d) Disease of Liver	3	
(e) Other causes	15	
	<hr/>	68
5. Diseases of Circulatory System		159
6. Diseases of Blood		9
7. Diseases of Kidney, Bladder and Urinary Passages.....		31

8.	Diseases of Skin	1
9.	Diseases of Bones and Joints	3
10.	Cancer	90
11.	External Causes;	
	(a) Accident	68
	(b) Suicide	30
	(c) Murder	4
	(d) Other sudden deaths	7
		109
12.	Other causes	22
13.	Presumed Dead	7
		796

TABLE VII.

NATIONALITY:

1.	Canadian	17	21
2.	English and Welsh	199	211
3.	Scottish	125	110
4.	Irish	92	77
5.	American	13	7
6.	Ukrainian and Ruthenian	137	127
7.	Icelandic	17	26
8.	Polish	52	61
9.	German	45	55
10.	Hebrew	25	24
11.	Austrian and Galician	41	45
12.	Scandinavian	26	25
13.	French	69	74
14.	Italian	4	5
15.	Russian	17	10
16.	Half-breeds	22	25
17.	Mennonite	38	39
18.	Roumanian	5	4
19.	Hungarian	5	7
20.	Belgian	5	7
21.	Other foreign	11	5
		965	965

TABLE VIII.

PART V. STATISTICS FOR 1934-1935:

538	births of children born out of wedlock in Manitoba during the fiscal year were reported to this Department.
87	Filiation Agreements have been entered into during the fiscal year.
52	Filiation Orders have been obtained during the fiscal year.
	Amount collected under Filiation Agreements during the fiscal year.....\$7,787.86
	Amount collected under Filiation Orders during the fiscal year.....\$3,300.10
	Total amount disbursed during the fiscal year of monies collected under Filiation Orders and Agreements .....\$12,898.74

These disbursements were as follows:

To Mothers	\$8,641.97
Maternal Grandmothers	1,390.90
Boarding Homes	861.73
Institutions and C.A.S.	378.15
Lying-in expenses	1,231.64
Court costs and lawyers' fees	222.85
Miscellaneous	171.50

250 Trust accounts have been handled during the fiscal year. There have been many very small payments and few cash settlements.

TABLE IX.

PART X.—ADOPTIONS:

- 163 Surrender forms have been signed during the fiscal year by the respective mothers or legal guardians.
- 165 Applications for children for adoption have been received during the fiscal year.
- 115 Adoption Contracts have been approved during the fiscal year.
- 101 Decrees of Absolute Adoption have been signed by the various County Court Judges during the fiscal year.

The sum of \$348.00 was received during the fiscal year for adoption fees.

- 460 Visits and inspections have been made to adopting homes during the fiscal year, of which 190 were in the country and 270 in the city.

We regret to report the death of one child placed under an adoption contract. The cause of death was given as "dilated heart" and we are satisfied that there was no negligence on the part of the adopting parents.

(Adoption figures do not include any C.A.S. adoptions.)

Division of Disease Prevention

INCLUDING

COMMUNICABLE DISEASES

VENEREAL DISEASES

SANITATION

FOOD CONTROL

PUBLIC HEALTH NURSING SERVICE

HEALTH EDUCATION

Report for Calendar Year 1935.

Annual Report

Division of Communicable Diseases

Winnipeg, Manitoba,
February 3rd., 1936.

Dr. F. W. Jackson, D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Building,
Winnipeg.

Sir:

The following report on the Division of Communicable Diseases is respectfully submitted for the year ending December 31, 1935.

The total number of notifiable diseases reported (exclusive of cancer and venereal) was 14,638, being somewhat less than the preceding year, but the resulting fatalities from these diseases have been greater this year than last. Whooping cough, measles and influenza, which so frequently develop pulmonary complications, are largely accountable for this increase, along with puerperal septicaemia.

Other diseases which are more amenable to control measures have shown a decline in both the number of cases and deaths.

Anterior Poliomyelitis (Infantile Paralysis): There was nothing in the nature of an epidemic, although the twenty-three cases reported exceeded the notifications received in any of the preceding four years. As usual the cases occurred mostly during the late summer and early fall, and they were located for the most part in the west and north west portion of the province. During this same period of 1935 there were reported to be numerous cases of equine encephalomyelitis, a disease which in horses bears some resemblance to the anterior poliomyelitis which affects man, but up to the present there is no definite evidence that the two are related.

Four of the seven deaths were in young adults, and in these cases the disease progressed to a fatal termination very rapidly.

Convalescent serum is prepared by the Provincial Laboratory and is held available for use at any time.

Meningococcal or Epidemic Cerebrospinal Meningitis: The eight cases reported were no more than would be looked for during any ordinary year. Eighty-nine treatments of anti-meningococcal serum were distributed in comparison with eighty-seven in the preceding year. This disease also continues to show a high fatality rate.

Chicken Pox was present throughout the province and presented no unusual features, except that in a few instances, where it occurred in adults, the possibility of it being smallpox was seriously considered, and the Department called in for consultation.

Diphtheria: The 276 cases of diphtheria occurring in 1935 represent the lowest figure in the history of the province and amount to only 60 per cent of the cases reported for 1934. The most noticeable drop in the incidence of the disease occurred in Winnipeg, where the cases this year were only about 45 per cent of the number

reported last year. The reduction in the number of the remainder of the province was not so marked. (See Table No. 3). Two rural municipalities (Morris and Rhineland) accounted for slightly more than 30 per cent of all the reported cases outside the City of Winnipeg, but it is hoped that the toxoid given in these municipalities during 1935 will prevent a repetition of this condition next year.

Although there has been a downward trend in diphtheria incidence, the past five years have not shown any great variation, the cases in 1934 being only 20 per cent less than in 1930, but the 1935 reduction over 1934 of 40 per cent is the largest proportional reduction of any single year, and it would seem that the province as a whole might now be seeing the results of immunization. This comparatively low diphtheria incidence for 1935 has occurred concurrently with two things: first, that this year we believe we have completed the immunization of 50 per cent of the school children, and, second, along with the actual reduction of the number of cases in the school-age group, there has definitely been a reduction in the percentage of cases occurring in this group. This year even the usual seasonal rise in the number of cases failed to appear. (Chart No. 1)

The deaths for 1935 number 16, which is the lowest on record, and with only one death in Winnipeg, the comparison of the case fatality rates of Winnipeg and the remainder of the province is more marked than ever. (See Table No. 4.)

Toxoid immunization was continued throughout the province, sufficient toxoid being distributed in Winnipeg to immunize 3,927 individuals and 14,696 in the remainder of the province.

The following areas undertook toxoid programmes during 1935:

Lac du Bonnet
Albert ($\frac{1}{2}$)

Ochre River
Brooklands

Follow-up Programmes

Charleswood
Macdonald
Morris Rural

St. Boniface
Winnipegosis

St. James
St. Vital

The Department made arrangements with the local physicians to administer toxoid for immunization against diphtheria and vaccination against smallpox in 48 schools in unorganized territory, with the result that

1,380 children received complete immunization,
723 received 1 or 2 doses of toxoid,
2,048 were vaccinated.

With this work we have now practically covered the whole of unorganized territory, there remaining only a few schools here and there which were not included in the programmes.

Erysipelas: More cases of this disease were reported than in any other year during this last five-year period, likewise more deaths during 1935.

Influenza. For various reasons this disease is very poorly reported, but in December of 1935 there were indications that the disease might be returning in unusual proportions; if so it will be the first since the winter of 1932-33, when for 1933, 223 deaths were recorded as being attributable to this disease, which is probably about four times the number one might expect during an ordinary year. For 1935, 73 deaths are recorded as due to influenza.

Measles: The 5,178 cases reported for 1935 amount to just about half the number for last year, although both might be looked upon as epidemic years, but this year it has assumed added importance because of the increase in the number of deaths reported. The disease is highly communicable and control or prevention is difficult.

Mumps: This disease was fairly wide spread over the province, but presented no unusual manifestations.

Puerperal Fever: It is impossible to say how frequently this condition occurs, as it is seldom reported unless death ensues. The deaths for 1935 number 16, which is an increase over last year, but there is no evidence of a trend one way or another with this condition. A certain amount of the scarlet fever antitoxin issued is used in the treatment of this condition.

Scarlet Fever: One thousand one hundred and ninety-five cases were reported this year, about the same as last, but during the last three months of 1935 there were an unusual number of cases (Chart No. 2), and interest in the possibility of immunization was evident in many parts of the province. Several municipalities and school boards have offered this protection to their children. Sufficient material to immunize 3,922 persons was distributed, more than twice as much as last year. Fortunately the disease continues to be mild in so far as fatalities go: 4 deaths occurred in 1934 and 1935 will likely show about the same mortality.

Smallpox: No cases reported. Smallpox vaccination is carried on in various parts of the province each year. In 1935 sufficient vaccine was issued to vaccinate 18,180 persons, and in the programme carried on by the Department in unorganized territory 2,048 children were protected.

Trachoma is still prevalent in certain parts of this province, but not many new cases are reported each year, 12 only being recorded in 1935. Every attempt is made to prevent active cases moving from an infected to a non-infected area.

Tuberculosis: Five hundred and twenty-five new cases of tuberculosis were reported this year, as against 499 last year (See Table No. 1). The total number of deaths was 440, as against 395 for 1934. Of these 440 deaths, 142 occurred among Treaty Indians, leaving 298 among the remaining portion of the population, which gives a rate of 40.4 per 100,000. This shows a slight increase over the previous year, but in comparing the figures for the past ten years there is a definite downward trend in the tuberculosis mortality in the population of this province, exclusive of Treaty Indians (See Table No. 8).

Typhoid Fever: Eighty-one cases of this disease occurred in 1935, being the least number reported in any of the past seven years. Seventy-two per cent of the cases occurred in areas having no modern conveniences. In January an outbreak of 13 cases arose near St. Laurent, and it is believed to have originated from an unreported case which occurred on the premises where most of the subsequent patients obtained their drinking water. Six cases developed in various parts of unorganized territory and the remaining 62 cases were distributed over 30 municipalities. Nothing else in the nature of an epidemic was evident.

In spite of the reduction of the cases during the past two years, there has not been a proportional reduction in the deaths. In 1934 14.6 per cent of the patients died, the highest figure in five years. (Table No. 9)

Sufficient vaccine to immunize 5,118 persons was distributed.

Undulant Fever: Four cases of this disease were reported from the neighbourhood of Minnedosa, all apparently having arisen from the same dairy herd.

Whooping Cough continues throughout the province with little or no change. The usual number of deaths occur, 20 in 1934, which were confined almost exclusively to the infants below the age of three. (See Chart 3)

Up to the present time there is no prophylactic measure of proven worth.

Cancer: During 1935 there were 1,270 new cases of cancer reported. There was an improvement in reporting this year, which accounts for the increase in the number of notifications over last year. There was almost equal distribution between males and females: 636 to 634, but certain locations of the disease appear to show a preponderance in the male sex, namely, the lip, jaw, lung, stomach, rectum and bladder. The deaths for 1935 numbered 814.

Respectfully submitted,

C. R. DONOVAN, M.D., D.P.H.,
Epidemiologist.

TABLE No. 1
 CASES AND DEATHS—COMMUNICABLE DISEASES—MANITOBA, 1934 AND 1935

Disease	1934			1935		
	Cases	Deaths	Treaty Indian Deaths	Deaths	Cases	Treaty Indian Deaths
Amoebic Dysentery	1	—	—	—	—	—
Anterior Poliomyelitis	10	1	—	7	23	—
Cerebrospinal Meningitis	7	4	1	2	8	1
Chicken Pox	1,971	4	—	2	2,218	—
Diphtheria	475	27	1	16	276	—
Erysipelas	82	9	—	16	94	1
Influenza	119	49	2	73	239	3
Lethargic Encephalitis	3	5	—	9	4	—
Measles	10,688	18	2	25	5,178	13
Mumps	275	—	—	1	3,034	—
Ophthalmia Neonatorum	—	—	—	—	—	—
Puerperal Fever	10	6	1	16	21	1
Scarlet Fever	1,169	4	2	5	1,195	2
Septic Sore Throat	5	3	—	—	5	—
Smallpox	2	—	—	—	—	—
Trachoma	4	—	—	—	12	—
Tuberculosis	499	282	113	298	525	142
Typhoid Fever	89	13	3	12	81	—
Typhoid Para Typhoid	3	—	—	—	—	—
Undulant Fever	—	—	—	—	4	—
Whooping Cough	1,070	20	48	25	1,505	20
German Measles	29	—	—	1	216	1
Totals	16,511	445	173	508	14,638	184
Diphtheria Carriers	63	—	—	—	32	—
Typhoid Carriers	2	—	—	—	—	—
Cancer	889	659	—	814	1,270	5

NOTE:—Lethargic Encephalitis deaths—1934 included 2 old cases.

—1935 includes 4 old cases.

Cases reported do not include Treaty Indians, nor do the death rates shown.

TABLE No. 2.
DIPHTHERIA IN MANITOBA—1926-1935

Year	Estimated Population	No. of Cases	Cases per 100,000	No. of Deaths	Death Rate per 100,000	Case Fatality per 100 Cases
1926	639,056	1,077	169	92	14.8	8.3
1927	647,000	933	144	88	13.6	9.4
1928	636,447	972	148	56	8.6	5.8
1929	667,037	749	112	59	8.8	7.9
1930	677,250	589	87	38	5.9	6.2
1931	700,139	526	75	45	6.4	8.6
1932	709,140	401	57	26	3.7	6.5
1933	718,141	405	56	19	2.7	4.7
1934	727,142	475	66	27	3.7	5.7
1935	736,143	276	37	16	2.1	5.4

TABLE No. 3.
DIPHTHERIA TOXOID—COMPLETE IMMUNIZATIONS DISTRIBUTED—
MANITOBA, 1929-1935

Year	Winnipeg	Remainder of Province	Total
1929	1,993	3,918	5,911
1930	3,235	27,814	31,049
1931	3,466	10,511	13,977
1932	5,080	14,462	19,542
1933	2,839	8,973	11,812
1934	4,246	22,087	26,333
1935	3,927	14,696	18,623
7-Year Total Immunizations	24,786	102,461	127,247

TABLE No. 4.
ANTERIOR POLIOMYELITIS—BY MONTHS—MANITOBA, 1929-1935

Month	1929	1930	1931	1932	1933	1934	1935
January	1	---	---	---	---	1	---
February	2	---	2	2	---	---	1
March	---	1	1	1	---	---	---
April	1	1	---	---	1	---	---
May	---	---	1	---	1	---	1
June	1	---	1	---	---	1	1
July	3	---	---	---	1	---	---
August	15	5	1	---	2	1	4
September	15	18	6	3	---	2	9
October	11	13	3	---	2	1	7
November	6	5	---	1	---	4	---
December	---	2	---	---	1	---	---
Totals	55	45	15	7	8	10	23

TABLE No. 5.
TYPHOID FEVER—MANITOBA, 1930-1935
CASES, DEATHS, CASE FATALITY RATE, DEATHS PER 100,000

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1930	87	12	13.7	1.7
1931	149	14	9.4	1.9
1932	129	14	10.9	1.9
1933	126	16	12.6	2.2
1934	89	13	14.6	1.7
1935	81	12	14.8	1.6

TABLE No. 6.
TYPHOID FEVER—MANITOBA, 1928-1935
WINNIPEG—OTHER SEWER AND WATER AREAS—NO SEWER AND WATER

Year	Winnipeg	Other Sewer and Water Areas	No Sewer or Water	Total Cases
1928	18	27	35	80
1929	28	21	60	109
1930	6	16	70	92
1931	25	44	80	149
1932	11	22	96	129
1933	12	35	79	126
1934	6	15	68	89
1935	6	16	59	81

TABLE No. 7.
WHOOPING COUGH—MANITOBA, 1930-1935
CASES AND DEATHS

Year	Cases	Deaths
1930	1209	44
1931	507	7
1932	1,083	9
1933	2,229	22
1934	1,070	20
1935	1,505	25

TABLE No. 8.
BIOLOGICS DISTRIBUTED, 1934 AND 1935

Material	1934			1935		
	Winnipeg	Outside	Total	Winnipeg	Outside	Total
Diphtheria Toxoid—Complete Treatments -----	4,246	22,087	26,333	3,927	14,696	18,623
Diphtheria Antitoxin—Units -----	9,978,000	4,515,000	14,493,000	5,482,000	7,802,000	13,284,000
Schick Tests—Tests -----	7,800	3,295	11,095	8,720	2,050	10,770
Smallpox Vaccine—Points -----	2,740	16,828	19,568	3,306	14,874	18,180
Scarlet Antitoxin—Proph. -----	123	657	780	80	754	834
Scarlet Antitoxin—Treatments -----	348	214	562	254	330	584
Scarlet Fever Toxin—Complete Treatments -----	434	1,265	1,610	322	3,600	3,922
Dick Tests—Tests -----	1,450	2,710	4,160	1,230	2,770	4,000
Typhoid Vaccine—Complete Treatments -----	461	5,192	5,653	330	4,788	5,118
Tetanus Antitoxin—Units -----	204,500	500,000	704,500	755,000	507,000	1,262,000
Anti-Meningococcus Serum, 22 cc Vials -----	47	40	87	56	33	89
Silver Nitrate—Treatments -----	648	1,601	2,249	676	1,264	1,940

TABLE No. 9.
CANCER CASES REPORTED IN MANITOBA DURING 1935

Type	Sex	Under 40	40-49	50-59	60-69	Over 70	Age Unspec.	Totals Male	Female	Grand Totals
Skin:										
Rodent Ulcer -----	M	1	2	4	6	8	5	26		
	F			3	3	4	5		15	41
Epithelioma -----	M		2	1				3		
	F			1	1		1		3	6
Unspecified -----	M	1	1	3	3	5	1	14		
	F	1	2	2	5	6	2		18	32
Lip -----	M		7	3	8	14	8	40		
	F		1			2			3	43
Tongue -----	M			2	1	3		6		
	F		2	1					3	9
Mouth -----	M				3	1		4		
	F	1				1			2	6
Throat -----	M			1	1	1	1	4		
	F				1	1			2	6
Tonsil -----	M			1				1		
	F									1
Larynx -----	M			1	2	3	1	7		
	F									7
Pharynx -----	M	1		1	2	1		5		
	F	1	1	1					3	8
Antrum -----	M			1	1	1		3		
	F					1			1	4
Glands of Neck----	M		1	3	1	1	1	7		
	F		1		1	1	2		5	12
Neck -----	M	1						1		
	F	1	1						2	3
Thyroid -----	M					2	1	3		
	F	4		1					5	8
Lung -----	M	5	8	10	8	3		34		
	F	2	2	7	4	3			18	52
Mediastinum -----	M			1			1	2		
	F		1		1				2	4
Osophagus -----	M		2	1	2	10		15		
	F		1	3	4	3			11	26
Eye -----	M		2			1		3		
	F	1							1	4
Brain and Cord----	M	6	1	7				14		
	F	6	2	1	1				10	24
Parotid Glands ----	M			1				1		
	F				2				2	3
Stomach -----	M	4	5	36	57	54	2	158		
	F	3	5	15	16	40	2		81	239
Spleen -----	M					1		1		
	F									1
Small Bowel -----	M		1		3	3		7		
	F	1	2	3	2	2			10	17

Type	Sex	Under 40	40-49	50-59	60-69	Over 70	Age Unspec.	Totals Male	Totals Female	Grand Totals
Large Bowel -----	M	3	2	8	14	9	5	41		
	F	5	7	20	10	13	5		60	101
Omentum -----	M	1		1	1			3		
	F		2	1					3	6
Rectum -----	M	2	2	9	8	11	1	33		
	F	1	4	4	1	2	3		15	48
Liver -----	M		3	1	7	12		23		
	F	1	2	8	10	9			30	53
Gall Bladder -----	M		1	2	1	2		6		
	F		3	2	1				6	12
Pancreas -----	M	1	1	2	2	5		11		
	F		2	1	3	3			9	20
Kidney -----	M	2	2	3	7	1		15		
	F	2	3	1	1				7	22
Bladder -----	M	1	5	6	5	16	4	37		
	F		2	1	2	3	1		9	46
Prostate -----	M		1	8	12	28	1	50		50
Testicle -----	M		1				1	2		2
Seminal Vesicle --	M				1			1		1
Penis -----	M			1	2	2		5		5
Ovary -----	F	6	9	5	5	2	1		28	28
Vagina -----	F		2		1	2	1		6	6
Vulva -----	F			1	2	3			6	6
Cervix -----	F	11	16	21	9	5	9		71	71
Uterus -----	F	4	5	16	5	5	2		37	37
Breast -----	M	1	1	1				3		
	F	12	28	32	22	15	12		121	124
Femur -----	M	4	1			1		6		
	F	1		1			1		3	9
Sternum -----	M	1						1		
	F									1
Foot -----	M	1						1		
	F				1				1	2
Head -----	M	1						1		
	F									1
Jaw -----	M		1	3	5		1	10		
	F				1				1	11
Scapula -----	M			1				1		
	F									1
Hand -----	M									
	F	1							1	1
Bone -----	M	2			4	1		7		
	F	1	1	2	3	2			9	16
Unspecified -----	M	8	2	3	3	2	2	20		
	F	3	3	2	2	3	1		14	34
Totals -----		116	165	282	295	333	79	636	634	1,270

Cancer deaths for 1935—814.

CHART No. 1.
DIPHTHERIA
FIVE YEAR AVERAGE AND MONTHLY INCIDENCE FOR 1935

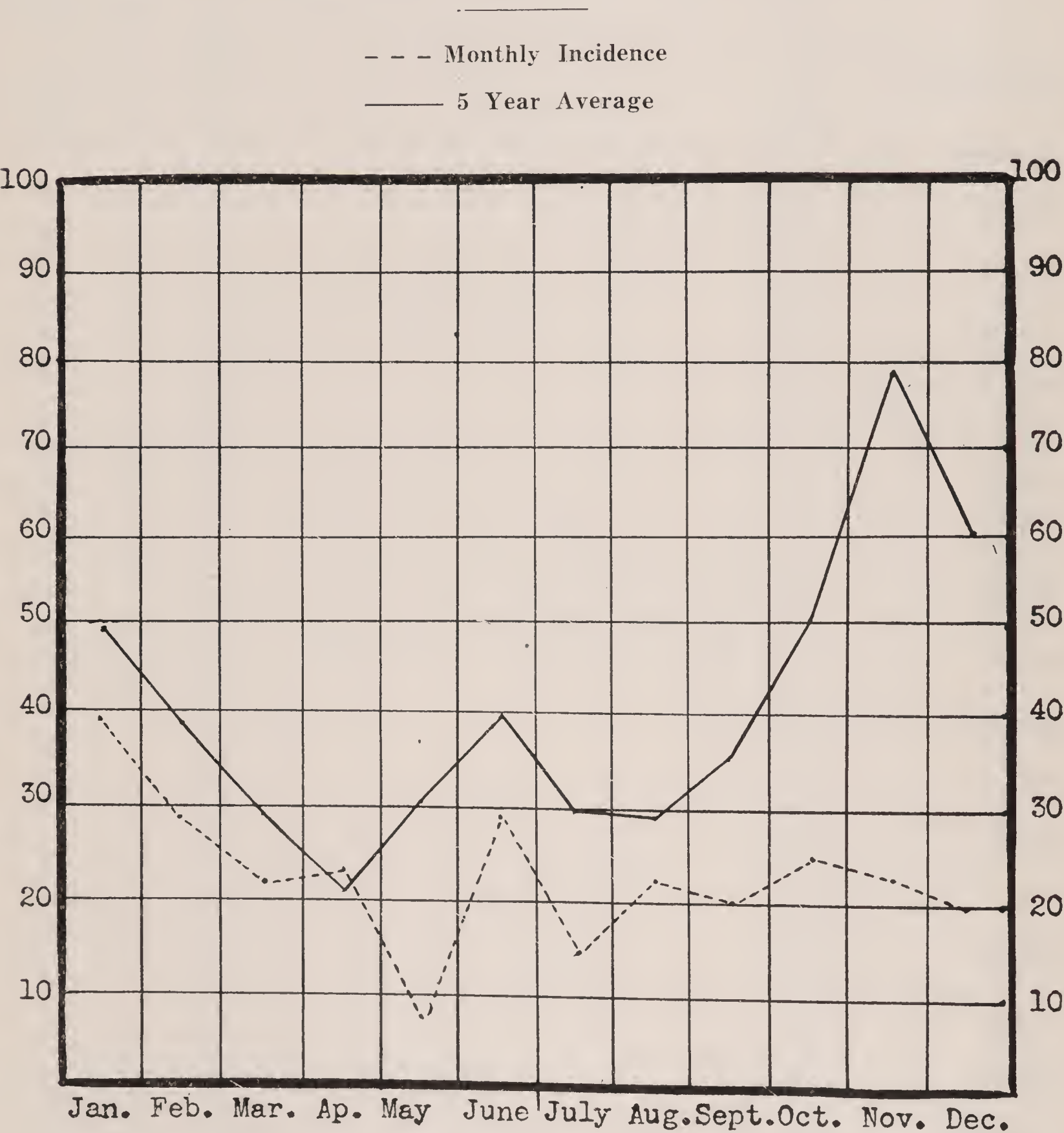


CHART No. 2.
SCARLET FEVER
FIVE YEAR AVERAGE AND MONTHLY INCIDENCE FOR 1935

--- Monthly Incidence
—— 5 Year Average

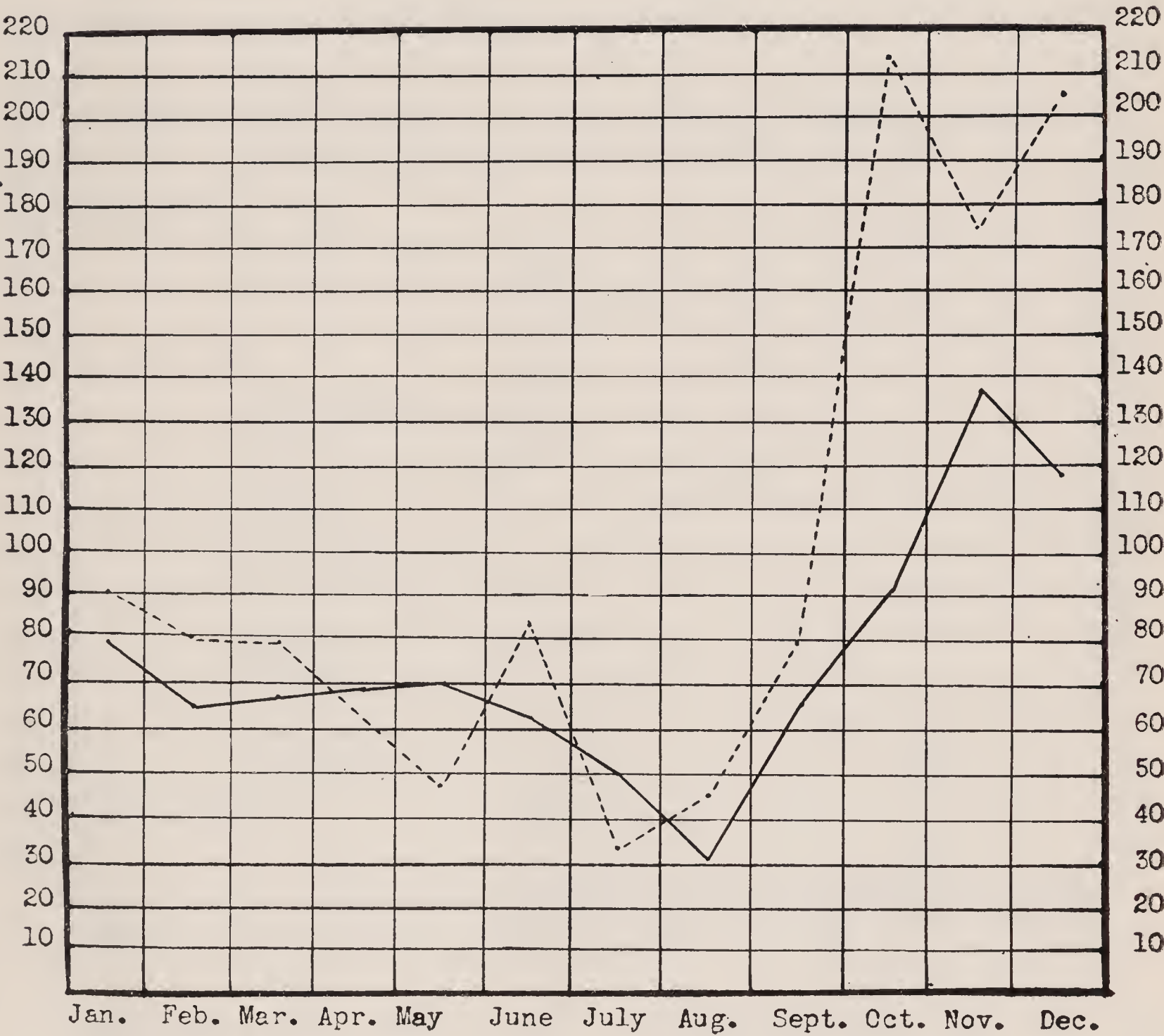
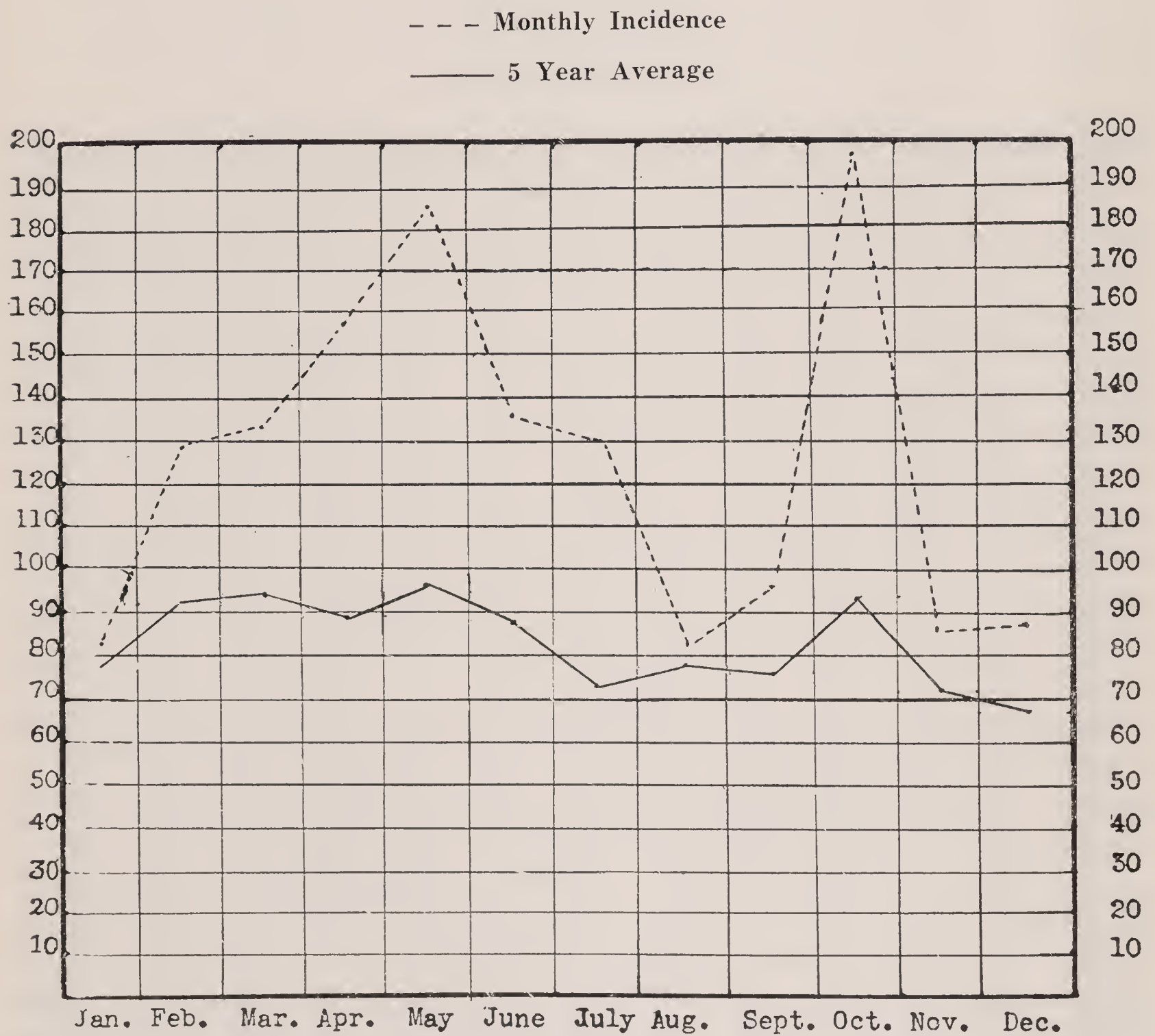


CHART No. 3.
WHOOPING COUGH
FIVE YEAR AVERAGE AND MONTHLY INCIDENCE FOR 1935



Annual Report

Division of Venereal Disease Control

Dr. F. W. Jackson, D.P.H.,
 Deputy Minister of Health and Public Welfare,
 Legislative Building,
 City.

Sir:

I beg to submit herewith statistical data relative to the Division of Venereal Diseases for the calendar year 1935:

STATISTICAL DATA RELATIVE TO CASES OF VENEREAL DISEASES FOR THE YEAR ENDING DECEMBER 31st, 1935

GONORRHOEA:

Number of cases reported.....		1,075	
Sex:	Male	861	
	Female	214	
		<hr/>	
	Total	1,075	
Marital State:			
Married.....	Male	223	
Single	”	614	
Widowed	”	14	
Divorced or			
Separated	”	10	
		<hr/>	
		861	
Married	Female.....	73	
Single	”	121	
Widowed	”	1	
Divorced or			
Separated	”	6	
		<hr/>	
		201	
Children 0-12 years	Male	0	
	Female	13	
		<hr/>	
		13	
		<hr/>	
	Total	1,075	
Ages:			
	Male	Female	
12 years and under	0	12 years and under	13
From 12 to 20 years	70	From 12 to 20 years	96
” 20 to 30 years	440	” 20 to 30 years	85
” 30 to 40 years	248	” 30 to 40 years	16
” 40 to 50 years	75	” 40 to 50 years	4
” 50 to 60 years	21		<hr/>
” 60 to 70 years	6		214
” 70 to 80 years	1		
	<hr/>		
	861		

SYPHILIS:

Number of cases reported		371	
Sex:	Male	208	
	Female	163	
Total		371	
Marital State:			
Married.....	Male	87	
Single	”	100	
Widowed	”	5	
Divorced or			
Separated	”	6	
		198	
Married	Female.....	81	
Single	”	55	
Widowed	”	9	
Divorced or			
Separated	”	7	
		152	
Children 0-12 years	Male	10	
	Female	11	
		21	
		371	
Ages:			
Male		Female	
12 years and under	10	12 years and under	11
From 12 to 20 years	10	From 12 to 20 years	26
” 20 to 30 years	58	” 20 to 30 years	56
” 30 to 40 years	63	” 30 to 40 years	34
” 40 to 50 years	39	” 40 to 50 years	27
” 50 to 60 years	21	” 50 to 60 years	7
” 60 to 70 years	6	” 60 to 70 years	2
” 70 to 80 years	1		
			163
		198	

Patients who changed physicians numbered 76.

The reason so many patients changed their physicians is that a number were sent from the St. Boniface Hospital Clinic to a special Relief Camp where treatment was continued under the supervision of the physician in charge of the camp.

Patients who discontinued treatment and had to be followed up numbered 27

Patients 17 years and under who were reported as suffering from venereal disease numbered 77

Of this number 47 (6 males and 41 females) were reported as suffering from Gonorrhoea, and 31 (14 males and 17 females) from Syphilis. The above number of 77 is 15 less than was reported last year.

MATERIAL SUPPLIED BY THE DEPARTMENT
OF HEALTH AND PUBLIC WELFARE:

Number of Keidel Tubes	2,156
Neosalvarsan 0.3	395 doses
Neosalvarsan 0.6	720 doses
Neosalvarsan 0.45	900 doses
Metallic Bismuth	820 doses
Thio Bismol	220 doses

The above material is supplied for the treatment of indigent syphilitic patients only.

VENEREAL DISEASE CLINICS, 1935

Report from the following Clinics:

Detention Home	West Kildonan
Home of the Good Shepherd	West Kildonan
Manitoba Home for Girls	West Kildonan
Portage la Prairie Gaol	Portage la Prairie
Provincial Gaol	Headingley
Manitoba Penitentiary	Stony Mountain
St. Boniface Hospital	St. Boniface

GONORRHOEA:

Number of cases treated	666
Sex:	
Male	499
Female	167
Total	666
Marital State:	
Married	
Male	113
Single	364
"	
Widowed	12
Divorced or	
Separated	10
Total	499
Married	
Female	57
Single	93
"	
Widowed	0
Divorced or	
Separated	6
Total	156
Children, 0-12 years	
Male	0
Female	11
Total	11
Total	666
Classified as follows:	
Acute	661
Chronic	5
Total	666
Non-Venereal cases treated numbered	308

SYPHILIS:

Number of cases treated	240
Sex:	
Male	130
Female	110
Total	240
Marital State:	
Married	
Male	55
Single	67
Widowed	1
Divorced or	
Separated	4
	127
Married	
Female	59
Single	36
Widowed	5
Divorced or	
Separated	6
	106
Children, 0-12 years	
Male	3
Female	4
	7
	240
Classified as follows:	
Primary	37
Secondary	60
Tertiary	14
Congenital	16
Latent	113
	240

TREATMENTS ADMINISTERED:

For Gonorrhoea	31,759
For Syphilis	10,335
Non-Venereal	619
Prophylactic	102
Total	42,815

Doses injected were as follows:

Arsenical	5,921
Bismuthic	6,597
Malarial	29
	12,547

LABORATORY EXAMINATIONS:

Wassermann examinations on blood for Syphilis.....	4,208
Positive	336
Negative	3,872
Wasserman examinations on spinal fluid	193
Positive	34
Negative	159
Examinations of smears for gonococci	2,581
Positive	870
Negative	1,711
Microscopic examinations for Spirochaetae	33
Positive	13
Negative	20

ST. BONIFACE HOSPITAL CLINIC:

Cases of Gonorrhoea reported from the Clinic operating at St. Boniface Hospital numbered 609, of which 598 were adults (471 males and 127 females) and 11 were children (female). All were classified as Acute cases.

Treatment for Gonorrhoea administered at the St. Boniface Hospital Clinic numbered 22,379.

Cases of Syphilis reported from the St. Boniface Hospital numbered 193, of which 186 were adults (100 males and 86 females) and 7 were children (3 males and 4 females). These were classified as follows:

Primary	26
Secondary	45
Tertiary	0
Congenital	15
Latent	107
<hr/>	
Total	193

Treatments for Syphilis administered at the St. Boniface Clinic numbered 8,917. Doses injected were as follows:

Arsenical	5,611
Bismuthic	6,265
Malarial	29
<hr/>	
Total	11,905

Respectfully submitted,

S. C. PETERSON, M.D.,

Director Venereal Diseases Control.

Report of the Clinics for Venereal Disease in the Detention Institutions

Winnipeg, Manitoba,
November 20th, 1935.

F. W. Jackson, Esq., M.D.,
Deputy Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Report for the fiscal year ending April 30th, 1935, of the work carried on in connection with the Venereal Disease Clinics in the following Institutions:

The Manitoba School for Girls.....	West Kildonan
The Detention Home for Girls.....	West Kildonan
Home of the Good Shepherd	West Kildonan
The Provincial Gaol	Headingley

Patients who were under treatment in the Detention Homes for Girls prior to April 30th, 1934, and who were carried forward for continuation of treatment, numbered 29. Of these 3 were suffering from Syphilis and 26 from Gonorrhoea.

During the year there were 44 new patients admitted, of which 7 were suffering from Syphilis and 37 from Gonorrhoea, classified as follows:

Syphilis	Primary	3	
	Secondary	2	
	Congenital	1	
	Latent	1	
		—	7
Gonorrhoea	Acute	34	
	Chronic	3	
		—	37

Total number of cases treated, including those carried forward and those admitted during the year, numbered 73, of which 10 were suffering from Syphilis and 63 from Gonorrhoea. This is an increase of 3 cases of Syphilis and a decrease of 15 cases of Gonorrhoea reported from these Institutions this year from the previous year.

TREATMENTS:

A total of 5,147 treatments were administered during the year, classified as follows:

	Syphilis	264	
	Gonorrhoea	4,614	
	Non-Venereal	38	
	Prophylactic	231	
		—	5,147
Doses injected:			
	Arsenical	96	
	Bismuthic	165	
		—	261

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis.....	94
Positive	8
Negative	86
	94
Examinations of smears for the gonococci	496
Positive	89
Negative	407
	496

PROVINCIAL GAOL, HEADINGLY:

Patients who were under treatment prior to April 30th, 1934, and who were carried forward for continuation of treatment, numbered only 5. Of these 3 were suffering from Syphilis and 2 from Gonorrhoea.

During the year there were 75 new cases admitted, of which 33 were suffering from Syphilis and 42 from Gonorrhoea, classified as follows:

Syphilis	Primary	9	
	Secondary	7	
	Tertiary	17	
			33
Gonorrhoea	Acute	31	
	Chronic	11	
			42

TREATMENTS:

A total of 5,796 treatments were administered during the year, classified as follows:

Syphilis	249
Gonorrhoea	5,151
Non-Venereal	396
	5,796

Doses injected:

Arsenical	141
Bismuthic	134
	275

Laboratory examinations:

Wassermann tests on blood and spinal fluid for Syphilis.....	961
Positive	33
Negative	928
	961
Examinations of smears for the gonococci	49
Positive	32
Negative	17
	49

At all the above mentioned Institutions I found most willing co-operation in the care and treatment of these patients, which assisted materially the efforts of the Department in endeavouring to minimize the spread of these dreaded diseases.

Respectfully submitted,
W. R. GORRELL, M.D.,
Physician in Charge.

Annual Report

Division of Food Control

Winnipeg, Manitoba,
February 8th, 1936.

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings,
Winnipeg.

Sir:

I have the honour to submit herewith my report for the year ending December 31st, 1935.

SANITARY CONTROL OF SLAUGHTERING

The regulations respecting the slaughter and sale of meats, which are designed to afford some measure of protection to the consumer and to prevent the creation of a nuisance in the process of killing and dressing, contemplate some official contact with, or knowledge of, the slaughter of all meat intended for sale as food. Butchers and beef rings are required to have their slaughtering performed in licensed abattoirs or slaughterhouses, and farmers who desire to dispose of their surplus livestock as meat can secure interim permits to slaughter during the cold winter months of December, January and February, and sell the meat by the carcass, side, or quarter.

SLAUGHTERING PLANTS

Licenses issued during the year:

Butchers' small slaughterhouses	193
Beef Ring slaughterhouses	45
Abattoirs	7
<hr/>	
Total	245
<hr/>	

Farmers' interim permits to slaughter and sell by the carcass, side or quarter:
Issued during the year—130.

DISPOSAL OF DEAD AND INJURED ANIMALS

Dead and injured animals accumulating at the Union Stock Yards, St. Boniface, were disposed of as follows:

Deads released to Rendering Plants

Cattle	193
Calves	388
Hogs	470
Sheep	273
<hr/>	
Total	1324
<hr/>	

Crippled and injured animals slaughtered in abattoirs under official meat inspection.

Calves	42
Cattle	195
Hogs	116
Sheep	75
	<hr/>
Total	428
	<hr/>

This shows a marked reduction in the number of animals killed or injured in transit compared with 1934, which would appear to indicate greater care in the handling of livestock.

Licensed Rendering Plants—1.

PRODUCERS' MARKETS

Farmers operated licensed Producers' Markets at the following points:

Winnipeg	Portage la Prairie	Neepawa
Brandon	Souris	

RESTAURANT SUPERVISION

During the last few months the Manitoba Restaurant Association has been particularly active in trying to raise the standard of public eating houses, and has strongly urged that a system of Sanitary Supervision and Control of Restaurants throughout the province be established by the Department.

At their request the City of Winnipeg has undertaken a measure of grading, which enables higher class restaurants to secure an A Class certificate.

In this connection may I submit the following:

Existing Conditions

Our information is that approximately sixty per cent of the restaurants in the Province are operated by Chinamen. The most casual survey of restaurants in towns and villages, and even in the cities, would convince the most skeptical of the necessity for some measure of supervision and control. Many kitchens and dining-rooms are not kept clean, and during the summer months are swarming with flies, garbage is not properly disposed of, refrigeration is inadequate, proper toilet facilities are lacking, and the water supply is of unknown sanitary quality.

The Public Health Act of Manitoba

in keeping with the Health Laws of other Provinces and States on this Continent, contemplates the sanitary supervision and control of public eating houses. It lays down certain provisions regarding the sanitary construction of buildings in which public meals are to be prepared and served, and the sanitary storing, preservation, preparation and general handling of foods. It also provides for the licensing of restaurants by the Minister.

With the exception of Winnipeg and Brandon, where a measure of supervision is exercised by city officials, and the North Country and Winnipeg Beach, where restaurant supervision is carried on by officers of your Department, no organized effort to apply this section of the Act has yet been attempted.

Municipal Councils and Medical Health Officers

would, in my opinion, gladly be relieved of responsibility in regard to the proper conduct of restaurants, and would welcome provincial supervision. Owing to the intimate business and social relationships of small centres it is particularly

difficult for local officials to enforce regulatory measures. Better restaurants would attract business to the town.

Some years ago, acting on instructions from the late Dr. Gordon Bell, then Chairman of the Provincial Board of Health, the sanitary supervision of restaurants and food handling establishments at Winnipeg Beach was undertaken by this Division. It is not too much to say that our efforts in this connection have resulted in a marked improvement in the general conduct of such places and have met with general commendation. Succeeding Municipal Councils have heartily endorsed the undertaking and have always shown a readiness to co-operate with the Department in every way.

The results already achieved under your policy of supervision in the North Country are well known to you.

Only in rare cases, if at all, do municipalities impose a license fee, the municipal income from restaurants being collected in the form of a business tax. A number of States in the American Union license and inspect all restaurants in the State. On the occasion of a recent visit to Milwaukee I learned that Wisconsin has such a policy which includes all restaurants, in the larger cities such as Milwaukee (with a population of 600,000) and Madison, as well as those in the small centres. In the larger places the inspection is carried out in co-operation with the city officials without conflict of any kind. The restaurateur with whom I spoke to regarding the matter, pointed with pride to his certificate issued by the State.

It Would Be a Factor in Developing Tourist Traffic

It is estimated that the tourist traffic, which has now become one of our great industries, brings approximately five million dollars (\$5,000,000.00) per annum to this Province. Next to good highways and scenic attractions it is probable that good restaurants and hotels contribute more to promoting tourist traffic than any other single factor. The great railway companies of this Continent recognized this fact many years ago and chains of high class restaurants and hotels were established along through lines, although in most cases they were operated at a considerable loss. The Sante Fe Railway, which traverses an enormous expanse of barren country, installed a chain of dining halls known as the "Fred Harvey Mealing System" and featured this in its advertisements to attract tourist traffic, with gratifying results.

We have the assurance of Colonel Pousette, Executive Secretary of the Tourist Convention Bureau of Manitoba, that the Bureau would be glad to give publicity to a list of approved restaurants in the Province, and that tourists generally would appreciate such information.

In the light of these facts there is every reason to believe that any improvement in the general standards of restaurants would be a favourable factor in developing this important source of income. It would react to the benefit of the general restaurant business.

Probably no single factor has contributed more to the development of the packing industry than official meat inspection and sanitary supervision and control of abattoirs.

Strict sanitary supervision of the canning industry, by improving the quality and establishing confidence in the wholesomeness of the product, has resulted in an enormous increase in the output of such establishments.

The better-class restaurants in the Province, recognizing the financial benefits that would accrue from the application of such a policy, are urging that it be undertaken as soon as possible.

The Public Interest Demands It

While I have taken the liberty of setting out the above consideration, may I submit that the public interest should be paramount. That the people generally would appreciate and heartily endorse any enterprise calculated to improve the general quality and wholesomeness of public meals, without increasing the cost, would appear to be beyond question.

If restaurants generally were conducted in a cleanly and satisfactory manner it would be a matter of gratification and pride to every citizen.

As to the cost of inspection, I believe it should be largely, if not entirely, borne by the restaurateurs themselves.

Owing to the increase in the work of this Division it has become impossible to properly carry out the general inspection work we have undertaken. If a system of licensing restaurants was established, the inspector in making his rounds would inspect not only restaurants, but butcher shops and slaughterhouses, and dairies in the towns which have applied for assistance in the supervision of their public milk supplies.

We believe that the license fees derived from these sources would be sufficient to cover the cost without attacking the appropriation of the Department.

SANITARY SUPERVISION OF PUBLIC MILK SUPPLIES

In pursuance of a plan of co-operation between Municipal Health Officers and this Division for the safeguarding of local milk supplies, which has been set out in previous reports, an effort is being made to improve the sanitary quality of milk in the following centres:

Stonewall	Holland	McCreary
St. Boniface	Portage la Prairie	Arden
St. Vital	Souris	Gladstone
Carman	Brandon	Deloraine
Manitou	Russell	Winnipeg
Treherne	Neepawa	

In all of these centres the milk supply is now being derived from tuberculin-tested herds. Owing to the particularly difficult economic conditions which have prevailed for the last few years the improvement is not so marked as it would have been under more favorable circumstances. In a general way it may be said that the success attending the operation of the plan is largely dependent upon the attitude of the Municipal Council. Notwithstanding the difficulties encountered much good has been accomplished and with the return of more prosperous times it should be possible to bring the general milk supply up to much more satisfactory standards.

PASTEURIZATION PLANTS

An effort has been made to apply the regulations respecting Milk Pasteurization and Pasteurizing Plants to the following establishments, and much improvement in equipment and methods has been brought about.

Modern Dairies Limited, St. Boniface.
St. Boniface Creamery Co. Limited, St. Boniface.

A.R.G. Creamery Limited, St. Boniface.
 Crescent Creamery Co. Limited, Portage la Prairie.
 Portage Creamery Co. Limited, Portage la Prairie.
 Brandon Creamery & Supply Co. Ltd., Brandon.
 Wheat City Dairy, Brandon.
 Frechette's Dairy, The Pas.
 St. Georges Co-Operative Dairies Ltd., St. Georges.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION PLANTS—GREATER WINNIPEG

Licensing

Milk producers' licenses issued in this area	902
Later cancelled for cause	5
Sold or discontinued shipping voluntarily	22
Approximate number of producers shipping throughout year	875

Supervision

Farm Inspection: Periodical inspection of licensed producers' premises, which is an essential feature of any properly organized plan of supervision and control, has been carried on continuously.

Laboratory Testing: Inasmuch as the higher atmospheric temperatures of the summer months make it necessary to exercise greater care in the handling of milk to protect it from spoilage, and in order that we might be in a position to discriminate fairly between those who were shipping good milk and those who were not, it became imperative that we should have definite knowledge of the sanitary quality of each producer's milk as it arrived at the plant. To this end a student from the Agricultural College was engaged to visit the plants in turn and take samples of each producer's milk for the purpose of determining by laboratory examination its keeping quality and sediment content.

The tests were performed in the dairy laboratory of the College. This work, which was carried on from May 1st to September 30th, gave us seven or eight tests of each producer's milk and thus enabled us to get a fairly accurate picture of the general quality of the aggregate supply, and also made it possible to more definitely point out to each producer the weaknesses in his methods and the measures necessary to correct them.

Cans: Some of the cans used in the transportation of milk are quite unsuitable for such a purpose, and when opportunity offers our inspector is visiting the plants and tagging such cans as may be rusty, cracked, or otherwise damaged in such a way as to render them insanitary. The producer is given ten days in which to have a condemned can repaired in a manner to make it sanitary and satisfactory, or to replace it with a new can.

What Has Been Accomplished

Since this work was undertaken several hundred new milk houses have been erected and milk houses connected with stables are being gradually eliminated. Many dairymen have built new stables, and others have altered or repaired their old buildings in a manner to make them more sanitary and satisfactory.

Having determined by laboratory tests that a high percentage of the milk was of poor keeping quality when it arrived at the plants, we have directed particular attention to the proper cooling of milk and to the effective washing and sterilization

of dairy utensils, with the result that a marked improvement in the general handling and care of milk has been brought about.

Distributing Companies

Some of the distributing companies, in an effort to attract new business, have resorted to the practice of falsifying the cream layer by adding homogenized light cream to low-fat milk. Not only is the customer deceived and defrauded by this method, but there are important sanitary reasons why the practice should not be permitted.

Finding it difficult to control this evil we proposed the following amendment, which has been passed by the Board, and which, we believe, will prevent trouble of this kind in future.

“Section 35. (2) The sale of fluid milk to which homogenized cream or milk has been added, or which has an apparent percentage of cream volume exceeding four and one-quarter times the percentage of butterfat said fluid milk contains, shall constitute a violation of these regulations.”

In a general way the companies have shown a willingness to co-operate with our efforts to improve the pasteurized milk supply.

The Other Side

Unfortunately there is another side to the picture. Many producers are still without a good water supply. An adequate supply of water of good sanitary quality is one of the first requirements of a satisfactory dairy.

Some producers hold their milk for twenty-four hours or longer before shipping. This means that the milk is at least forty-eight hours old when it reaches the consumer.

A considerable percentage of the milk is dirty and of poor keeping quality when it arrives at the pasteurizing plant.

Some of the plants at times return cans to the producer that have not been properly washed and sterilized as required by law.

There is a woeful lack of efficient washing and sterilization of milk pails and other dairy utensils at the farms.

A percentage of cans are rusty, broken or otherwise damaged, and are not fit to be used for the transportation of fluid milk.

Milk cans are not properly protected in transit by some truck drivers, and objectionable material is sometimes hauled in the trucks with milk.

In our opinion the present method of fixing quotas frequently operates to the disadvantage of better-class dairymen and to the decided benefit of poor shippers. Because of this system at least two of the companies, who claimed they could not secure the so-called surplus milk they required, openly bought milk in large quantities from unlicensed producers.

Our only defence for permitting the purchase of inferior and grossly unsatisfactory milk when a better product was available, is that we have hesitated for compassionate reasons to recommend the cancellation of licenses which in our sane judgment should have been cancelled. This is not put forward as an adequate or valid defense, but there seems to be a disposition to deprecate any interference with

the sale of farmers' produce, particularly in the case of farmers who are in poor financial circumstances.

We are not unmindful of the economic difficulties under which farmers are labouring at this time, but we question if therein lies sufficient justification for accepting milk of decidedly poor sanitary quality while a much better grade of milk is available at the same price. The better-class shippers are continually appealing for an opportunity to sell more milk. Are we properly discharging our responsibility to the consumer who looks to us for the safeguarding of his milk supply?

We believe that the supply can be brought up to a reasonably satisfactory standard only by encouraging the good producer and eliminating the poor one.

For more than two years Dr. Rigby has been visiting the farms, and by letters, bulletins, and verbal advice we have been doing everything in our power to aid the producer in improving the quality of his milk.

Because they have been continuously delivering milk of very inferior quality, or because of grossly insanitary conditions at the dairy, we have refused to recommend the applications for renewal of license in the case of fifteen shippers.

At this writing licenses for 1936 have been issued to eight hundred and thirty (830) producers in this area.

A number of licenses have been renewed on the definite understanding that failure to ship a more satisfactory product will result in cancellation of the license.

It is our intention to recommend the immediate prosecution of any distributor who buys fluid milk, at any time, from an unlicensed producer.

When the laboratory testing of milk is resumed we shall deem it our duty to recommend that the licenses of shippers who persistently neglect to take the measures necessary to preserve the keeping quality of milk be cancelled.

Having the support of the Winnipeg Health Department, who have urged that dirty milk be excluded from the market, it is our intention to be more strict in respect to freedom from sediment.

With a system of fixing quotas, which would encourage the producers of good milk, and the return of more prosperous times our problem would become much less difficult.

We are indebted to Professor R. W. Brown and the Dairy Department of the Agricultural College for their courteous co-operation and for the use of their laboratory and equipment.

UNDULANT FEVER

An outbreak of undulant fever, involving four cases, occurred at Minnedosa. All of those affected had used raw milk from the same dairy. On investigation it was learned that two cows in the milking herd had aborted and serological tests of all the cattle gave some positive reactions to high dilutions.

The dairyman's license was suspended until all reacting animals were removed from his herd. No further cases developed. There were no deaths.

Respectfully submitted,

W. A. SHOULTS, V.S.,

Director, Division of Food Control.

Annual Report

Division of Sanitation

Winnipeg, Manitoba,
February 15th, 1936.

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings.

Sir:

I have the honour to submit herewith a report of the work of this Division for the year ending December 31st, 1935.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

The tables which follow show in detail the general routine of effort carried on during the year and provide an approximate idea of the field of endeavour.

COMPLAINTS RECEIVED	Northern Manitoba	All other portions of the Province	Grand Total
Re Nuisances	34	21	55
Re Condition of water supplies	24	41	65
Re Condition of scavenging	1	2	3
	-----	-----	-----
TOTAL	59	64	123
	-----	-----	-----
GENERAL ROUTINE INSPECTIONS			
Dwellings	246	116	362
Stores	6	---	6
Lodging Houses	48	2	50
Hotels	15	61	76
Cafes	122	6	128
Poolrooms	60	2	62
Laundries	30	2	32
Offices	2	---	2
Mattress Repair Shop	---	2	2
Bakeries	39	1	40
Mink Farm	---	1	1
Food Stores	115	11	126
Dairies	37	4	41
Horse Stables	52	93	145
Cow Stables	117	56	173
Yards and Areas	140	445	585
Lanes	66	108	174
Vacant Lots	10	10	20
Waste disposal grounds	4	5	9
Privies	109	596	705
Storage of garbage	125	312	437
Storage of refuse	85	312	397
Scavenging	3	5	8

	Northern Manitoba	All other portions of the Province	Grand Total
Plumbing Systems	38	41	79
Sewerage Systems	2	2	4
Sewage treatment plants	3	4	7
Slaughterhouses	3	---	3
Tourist Camps	---	33	33
Relief Camps	---	7	7
Mining Camps	6	---	6
Wood and Construction Camp	---	21	21
Creameries	---	7	7
Cheese Factory	---	3	3
Proposed Cemetery Sites	---	3	3
Keeping of Dogs at Beaches	---	1	1
Public Baths	---	1	1
Ice Reservoir	---	2	2
Water Supplies:			
Wells	35	270	305
Rivers	5	10	15
Lakes	5	11	16
Reservoir	---	1	1
Creeks	1	2	3
Chlorinating appliances	17	1	18
TOTAL	1,546	2,570	4,116
Re-inspections	124	28	152
NUISANCES ABATED			
Defective cellars	8	---	8
Dirty or insanitary buildings	5	3	8
Overcrowding	14	1	15
Vermin	3	---	3
Unsound food	28	---	28
Poisoning (in Camp)	---	1	1
Improper storage of food	10	---	10
Improper storage and removal of manure	122	9	131
Disposal of dead animals	---	3	3
Slaughterhouses dirty	1	---	1
Cow stables dilapidated and insanitary	1	---	1
Dirty Yards	108	---	108
Lanes (Nuisances)	66	1	67
Waste Disposal Grounds	2	---	2
Privies	103	---	103
Garbage and refuse disposal	216	5	221
Lack of scavenging service	2	---	2
Plumbing defects	22	1	23
Lack of natural light and ventilation	6	---	6
Vacant Lots (Nuisances)	13	1	14
Mattress and Upholstering shop	---	1	1
Water Supplies:			
Wells—defective construction	9	1	10

	Northern Manitoba	All other portions of the Province	Grand Total
Wells—disinfected, etc.	9	2	11
Rivers—warning re pollution	5	25	30
Creeks—warning re pollution	---	5	5
Lakes—warning re pollution	4	2	6
Chlorinating appliances	2	---	2
TOTAL	759	61	820

NOTICES SERVED

Statutory	43	7	50
Informal (written)	36	28	64
Verbal warnings	583	182	765
Insanitary placard	1	---	1
TOTAL	663	217	880

WATER SAMPLES TAKEN

Wells	10	268	278
Lakes	---	8	8
Rivers	28	36	64
Ice	---	28	28
Creeks	---	1	1
Other Sources	4	6	10
	42	347	389

ABATEMENT OF NUISANCES

The total number of complaints received was 123, an increase of eleven over the previous year. There was nothing of very great interest to contend with, practically all complaints being due to the existence of insanitary conditions and minor infractions of the Regulations.

POLLUTION OF WATER COURSES

Action was taken in forty-one instances where pollution of water courses—rivers, lakes, and creeks, existed, due principally to the depositing of manure and refuse. While the principle objective of protecting natural waterways is the reduction of pollutional load and possible water-borne infection, in water supplies there is also the aesthetic side to consider in the prevention of unsightly conditions. In many locations the practice of dumping refuse into rivers has been common practice for long periods, and a good deal of educative effort is required on the part of the inspectors in securing abatement in each case. The slight increase in rainfall, combined with prevailing lower temperatures during the fall of the year, assisted to some extent in preventing recurrence of offensive odors in the Red and Assiniboine Rivers in Greater Winnipeg.

Disposal of Wastes: From general observation and the number of inquiries received, there is a marked improvement in the general methods of waste disposal in many areas. With the new regulations in force local municipal councils are taking

a more active interest in the general sanitary conditions of their respective environments. The requirements as laid down are specific, and form a more practical basis for the development of improved sanitary measures.

Keeping of Animals: Only two complaints were received regarding fur-bearing farms, and were of a trivial nature. With the improved methods of conducting these establishments, their location, etc., a great deal of the trouble and annoyance common during previous years has been practically eliminated.

WATER

Private Supplies: There is practically nothing new to record in regard to private supplies. The general routine of water sampling, analysis, and instruction by mail was carried on as usual. This particular branch of work is a long and tedious job and requires many years before improvement is obvious. There is, however, a continuous and increasing demand for information regarding the analysis and treatment of water, location and construction for wells.

Two cases came to our notice where private water supplies were definitely of a hazardous nature. One, where the Red River water below Winnipeg was fed to the plumbing fixtures in a building, and the other where a septic tank had fractured, allowing the contents to enter a deep iron-cased well in close proximity. In both cases suitable action was taken. Periodically such instances come to our notice during a special inspection or on the outbreak of disease. A proper survey would probably bring other cases to light.

There is a tendency amongst the uninformed to look lightly upon the chance of so-called infected or pollution waters, due to the fact that we seem to pass from year to year without any major water borne outbreak. While typhoid and other water borne infections are now comparatively rare, the specific organisms are just as virulent as ever, and if present only require the ideal conditions to get in their deadly work.

Municipal Supplies: There is a continued improvement in these supplies, due to greater care and technique, and a greater advantage is being taken of the bacteriological analyses of supplies carried out by the Provincial Laboratories, a service which should be better known and its importance appreciated by water workers, operators, and superintendents. Increased rainfall during the year removed part of the apprehension due to low water levels in rivers and lakes.

Practically no new construction on water works has been undertaken during the year. The town of Dauphin contemplates improvements during 1936 with the installation of gravity sand filters and the construction of a new dam and spillway. With the completion of this work there will be considerable improvement in the quality of the supply, particularly the removal of suspended matter.

Cross Connections: No instance of a cross connection was brought to our notice.

ICE

A new artificial reservoir for the production of ice was constructed in the municipality of St. James. Water is from the Greater Winnipeg District supply. This is a new departure in ice making and ensures a supply from a source attended by less hazard than rivers. There is, however, the greater possibility of surface contamination and strict measures have to be adopted to prevent such occurrences. Repeated bacteriological analyses of the supply show the quality of the ice to be satisfactory.

SEWAGE TREATMENT AND DISPOSAL

No new municipal sewage treatment work was undertaken. The Greater Winnipeg Sewage Scheme is proceeding satisfactorily and awaits a treatment plant which will be suitable and economical for the particular type of sewage to be treated, a definite decision on which, without some experimentation in a preliminary pilot plant, is always hazardous.

PLUMBING AND DRAINAGE

Sixteen permits were issued for plumbing and drainage installations, with inspection and test in each case. There were twenty-four inspections made and thirty-four requests for information regarding this class of work in rural areas. Up to the present time this work has not received the attention warranted, particularly the installation of septic tanks and disposal units. The actual plumbing system is inspected and tested, but few septic tanks and disposal units are installed until after completion of the building. Failure of a septic tank to function after a year's use has brought to light the fact that this important part of the work is occasionally given little intelligent attention. In order that this work be given better supervision, certain amendments to the Regulations have been suggested. Furthermore it is absolutely essential that a sanitary inspector in the field have more than a cursory knowledge of plumbing in order that he be in a position to carry out intelligently the provisions of the Regulations. The installation of plumbing in rural areas means the elimination of the more primitive methods of body waste disposal, an important factor in disease prevention.

SWIMMING POOLS

Only one new pool was constructed—at a summer resort. Unfortunately, construction proceeded without previous knowledge regarding requirements as laid down in the Regulations. The pool is of the “dish” type with sloping sides, providing a certain degree of danger to bathers. Other conditions covering the construction, method of water change and purification were also unsatisfactory. Temporary use of the pool was allowed under certain conditions.

TOURIST CAMPS

General inspection of tourist camps surrounding Greater Winnipeg was given close attention, and as far North as Gimli and Camp Morton. Conditions generally were fairly satisfactory. Earlier work on these camps is bearing fruit and the owners are now conversant with the requirements. Several camps of a minor nature are being closed down, owing either to lack of business or inability to comply with the sanitary regulations. As thousands of persons frequent these camps throughout the season it is most important that the sanitary standards be maintained at a high level. No complaints were received regarding any tourist camp.

CONSTRUCTION AND INDUSTRIAL CAMPS

Considerably more camp inspection work was done. There were six complaints received, forty-six inspections made, and three re-inspections. In all cases the complaints made concerned the smaller wood cutting camps, where probably the owners do not provide as comfortable housing as may be found in the larger camps. The most frequent cause of complaint is poor sleeping quarters, and generally the complaints are quite justified. Owing to locations of camps at remote distances, it is difficult to have conditions improved immediately, but once a camp owner has received due notice and is provided with a copy of the Regulations, there is no further excuse. Eight mining camps were inspected and found to be in satisfactory condition, although adequate medical services are not always provided.

In addition to the inspection of privately owned camps, the Relief Camps under the Federal Government were also checked up, it being imperative that the Department be conversant with all camp conditions in the Province.

Federal Relief Camps inspected.....	9
Provincial Relief Camps inspected.....	6
Highway Construction Camps inspected.....	8
Wood Camps inspected.....	15
Mining Camps inspected.....	8
	—
	46
	—
Re-inspections	3

An unusual occurrence happened in a road construction camp, where men were housed in a building previously used for the mixing of grasshopper bait, resulting in several cases of Arsenical poisoning. It is questionable if this latent condition would have been properly noted and dealt with even if the camp had been inspected at the time of opening. This is an instance where due caution should have been exercised.

SANITARY SURVEYS

In connection with the elimination of typhoid fever hazard, five sanitary surveys and one re-inspection were made—viz:

DeSalaberry (Rat River Area)	Cartwright
Melita	Winnipeg Beach
St. Laurent	Pine River (re-inspection)

While the incidence of typhoid fever would appear to be less, this disease is still too prevalent when we consider the fact that its elimination is a matter of proper sanitary measures and better habits of personal cleanliness. There is only one method of combating this filth borne infection and that is by educating the public in the simple sanitary methods and procedures, an effort most effectively carried out by the sanitary inspector in the field.

In addition to the foregoing a survey of sixty-one premises, catering to the travelling public, was undertaken. The principle object was to ascertain the actual sanitary conditions respecting water supplies, their source and protection, elimination of common drinking utensils, common towels, and the proper disposal of wastes. Samples of water were submitted for analysis in all cases, and the owners or proprietors served with informal notices requiring certain changes or corrections. Conditions generally were found to be fairly satisfactory, and with the recommendations carried out there should be further improvement. This work is important in the protection of the tourist and travelling public generally.

HOUSING

Unorganized Territory: On request, a survey of housing and general sanitary conditions was made of the area adjoining Pine Falls. There are 81 dwellings or buildings, and 82 families with a total of 381 occupants. Twenty-six of these premises are badly overcrowded, poorly lighted and ventilated, and 41 infested with vermin. Seven dwelling owners and eleven tenants are on relief. Due to economic conditions and the incidental difficulties, the prevailing state of affairs is not easily corrected. There is, however, a possibility of making repairs and general improvements to provide better lighting, ventilation, and additional space for the number of occupants,

thereby creating a more satisfactory living environment. Poor housing conditions are conducive to ill health, and provide a great handicap to the effective work in disease prevention. An attempt will be made to improve matters during the coming year.

MATTRESSES AND UPHOLSTERING

Complaint was received concerning the repair and re-use of used or second-hand mattresses. Regulations prohibit the re-use or sale of any such article of bedding. It was found that mattresses were being renovated and re-covered for private individuals under conditions which were not satisfactory. Suitable action was taken, and the Regulations amended to permit persons to have their own bedding renovated, but in a building or place entirely free from the storage or use of second-hand material.

VERMIN EXTERMINATION

One hundred and fifty-two fumigations were carried out by the use of Hydrocyanic Acid Gas, a reduction of eight from the previous year. Eighteen requests were received for information respecting the eradication of rats, ants, roaches, etc. While Hydrocyanic Acid Gas is still the most effective insecticide for fumigation, a number of new products are appearing from time to time, which are useful for eradication of insects under certain circumstances.

CREAMERIES AND CHEESE FACTORIES

The satisfactory disposal of wastes from these manufactories has been, and still is, a most difficult matter.

As the site of a new creamery has now to be approved by the Department, it has been possible to locate new plants at some considerable distance from habitations, where there is less chance of offence from decomposing milk waste, usually discharged into a nearby ditch. As creamery waste is much more difficult to treat than domestic sewage, considerable work will require to be done in finding a satisfactory method of treatment. This branch of the work will take up a good deal of extra time and application in the future in eliminating offensive conditions in a number of locations.

The flat nature of the land does not permit of natural filtration measures, and the lack of water courses of sufficient magnitude to receive treated effluent renders the final disposal of waste much more difficult.

SCHOOLS

No routine sanitary inspection of schools was made, with the exception of a survey covering heating, light, and ventilation in a high school. One chemical closet installation was sanctioned and the work inspected. Additional plumbing with septic tank and disposal unit was installed in one instance, with plans and specifications provided by the Department.

Twelve requests were received for information concerning water supplies and waste disposal.

From a cursory examination of schools in the country, considerable improvement could be effected in the general sanitary conditions and environment, and at little expense. It would appear that school trustees are in need of a little assistance and guidance in the sanitary and hygienic care and control of schools. Regulations under consideration should help materially.

NORTHERN MANITOBA

General sanitary conditions over the whole of this area are very satisfactory, there being continuous sanitary supervision of all matters pertaining to the public health. In the Municipal District of Flin Flon the previous difficulties respecting installation of plumbing in buildings have been overcome. Forty installations were made during the year, with the elimination of an equal number of outside closets. These continued improvements are gradually bringing this area to a highly satisfactory condition.

GENERAL

In reviewing the activities of the past year it would appear that there is a growing demand for service. In this respect it would be very sound procedure to appoint additional qualified sanitary inspectors to be located at certain points in the Province, each with a specific area set aside in which to carry on the work. Medical health officers would receive more immediate assistance in enforcing regulations, and the general benefits to be derived by the population cannot be measured in dollars and cents. Northern Manitoba is a typical example of what may be accomplished through the efforts of a qualified inspector.

In addition to the many duties in the field, office routine has been carried on, four hundred and ninety-two communications sent out covering all branches of the work.

In conclusion I should like to express my appreciation for the manner and enthusiasm in which Inspectors M. Flattery and W. W. Arnott have carried out their respective duties during the year, and to others who have assisted in the work.

Respectfully submitted,

J. FOGGIE,

Chief Sanitary Inspector

Annual Report

Public Health Nursing Service

Dr. F. W. Jackson,
Deputy Minister.

Sir:

I have the honour to submit herewith the Annual Report of the Public Health Nursing Division for the year ending December 31, 1935.

Work of the Nurses in Rural District

Number of relief cases investigated for local agencies	176
Number of families supplied with hampers	303
Number of individuals supplied with clothing	183
Number of toys distributed	631

Work Done at Nurses' Headquarters

Number of children supplied with clothing	540
Number of adults supplied with clothing	37
Number of children provided with toys	2,100
Number of babies' layettes supplied	13

HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1934, to June 30, 1935

Total number of children examined	8,054
Total number of children with defects	4,278

Classification of defects:

Defective vision	835
Defective hearing	108
Unsound teeth	3,413
Suspected diseased or enlarged tonsils	2,076
Nasal obstruction	447
Symptoms of enlarged thyroid	479
Symptoms of eye disease	102
Symptoms of ear disease	32
Symptoms of malnutrition	386
Symptoms of nervous disorders	235
Symptoms of orthopedic defects	47
Symptoms of anaemia	60
Suspected skin disease	231
Other conditions	401
Number of children not vaccinated	1,968
Number of classroom inspections	1,683
Number of children re-inspected for suspected communicable diseases and other conditions	4,219
Number of first aid treatments given	1,763
Number of children weighed	1,432
Number of children found 7% or more underweight	270

Number of children re-weighed	1,225
Number of children found to have gained in weight	633
Number of children excluded from school;	
For suspected communicable diseases	251
For suspected pediculosis	242
For suspected contagious skin condition	362
For suspected contagious eye condition	83
For other causes	109
Total	1,047

Number of school children referred for treatment	6,248
Total number of defects of children, known to have been corrected	2,448

Toxoid immunization was done in the Municipalities of:

La Broquerie, Arthur, Albert, Edward, St. Clements Unorganized, St. Laurent, Morris, Rhineland, Macdonald, Lac du Bonnet, Springfield, Ochre River, East Kildonan, West Kildonan, Hanover, Bifrost, Lawrence Unorganized, Eriksdale; Dauphin Town, The Pas, Flin Flon, Charleswood, Stonewall Town, Grahamdale, Town of Gladstone, Village of Brooklands.

Classification of service rendered:

Assisted physicians with immunization of pupils to protect them against diphtheria	29,753
Assisted physicians with vaccination of pupils	3,782
Assisted physicians with "Dick Test" for susceptibility to Scarlet Fever	43
Throats swabbed to detect and prevent spread of diphtheria	328

HEALTH TRAINING IN THE SCHOOLS

Number of classroom talks given	1,346
Number of Home Nursing Classes held	77
Attendance at Home Nursing Classes	1,383
Number of First Aid Classes	18
Attendance at First Aid Classes	619

NORMAL SCHOOLS

Number of lectures given in Brandon and Winnipeg	64
Attendance at lectures	2,975
Number of lectures given in training schools at Neepawa, Brandon and Dauphin	22
Attendance at lectures	204

WORK CARRIED ON IN THE COMMUNITY

January 1 to December 31, 1935

Total number of home visits made for the purpose of giving health instruction and demonstration	23,893
---	--------

Classification of service rendered in home visiting:

Total number of cases in prenatal and postnatal care	447
Total number of cases in infant welfare	1,992
Total number of birth registration cases	132

Total number of cases in the care of children of pre-school age	2,183
Total number of cases in care of school children	6,751
Total number of cases in the care and prevention of communicable diseases	1,729
Social service visits	1,815
Mothers' Allowance visits	175
Miscellaneous visits	3,657
Visits of co-operation	5,061
Prenatal notices sent to doctors and headquarters	88
Number of cases referred from social agencies	263
Number of cases dealt with socially	1,300
Number of social cases investigated for Government Depts.	314
Number of patients referred to social agencies	265
Total number of patients, other than school children, referred for treatment	1,228
Total cases suspected communicable disease reported by Public Health Nurses to local Health Officer	1,785
Total number of patients accompanied to and from hospitals and clinics	147
Total number of defects known to have been corrected, of those in the community, other than school children	138
Number of meetings attended by nurses in connection with Public Health work	109
Number of interviews in connection with Public Health work by Nurses in their respective districts	5,129
Number of Home Nursing and First Aid lectures given	23
Attendance at Home Nursing and First Aid lectures	288
Number of lectures on other health topics	17

CHILD WELFARE STATIONS

Number of health conferences held	242
Attendance of infants and preschool children at conferences	3,423
Attendance of mothers and children for consultations at Child Welfare Stations	1,920
Number of first aid treatments given at Child Welfare stations	972

PUBLIC SERVICE NURSING

In April, the Fisher Branch Nursing Station was taken over from the Manitoba Red Cross Society. The Nurse serves 20-mile territory, for visiting nursing and disease prevention work, and patients are treated at the Nursing Station. It would seem a forward step in Public Health Service if such stations situated throughout the remote parts of the Province could be developed into Health Centres where diagnostic clinics might be held, and where in co-operation with the Public Health Nurse various forms of health education could be carried on.

Fisher Branch

Total number of visits made to patients	820
Total time spent in Public Service Nursing (hours)	714

Grahamdale

Total number of visits made to patients	1,560
Total time spent in Public Service Nursing (hours)	1,172

Brandon

Total number of visits made to patients	1,579
Total time spent in Public Service Nursing (hours)	1,637 $\frac{3}{4}$

Nursing care was given for the purpose of demonstration and emergency by Public Health Nurses as follows:

Total number of visits made to patients	799
Total time spent in Public Service Nursing (hours)	506 $\frac{1}{4}$

SPECIAL CLINICS**MENTAL HYGIENE CLINICS**

Mental clinics were first inaugurated in 1925 by the Provincial Psychiatry Division with the idea of assisting teachers and parents in rural Manitoba in handling problem and backward children in school and home life; and for the purpose of spreading mental health education throughout the community. The duties of the Public Health Nurses were to make the local arrangements for holding the clinics and assist the Psychiatrist at the clinics. These were discontinued in 1929, but renewed again in 1931 by the Brandon Mental Hospital unit, who now have their own Public Health Nurse for this work.

Clinics are also held weekly in Brandon at the Provincial Child Welfare Station and local Public Health Nurses are in attendance. One clinic was also held at Dauphin during the year.

Number of Mental Hygiene clinics	24
Attendance at Mental Hygiene clinics	215

SUMMER CHILD HEALTH CONFERENCE**1935**

Number of Child Health Conferences	2
Total number of children examined	212
Of this number, those with defects	83
Classification of defects found:	
Orthopedic defects	6
Nutritional defects	15
Hernia	6
Nasal obstruction	2
Unhealthy tonsils	20
Enlarged glands	6
Unsound teeth	7
Other defects	19
Requiring immediate medical or surgical treatment	6

DENTAL CLINICS

The Manitoba Branch of the Canadian Foundation for Preventive Dentistry held 44 dental clinics, covering 90 schools, for children in rural Manitoba, an increase of 25 clinics over last year. Members of the Nursing staff have been instrumental in arranging for, and assisting at most of the clinics. These clinics are meeting a great need in the Province and in the interest of child health, we would like to see a further increase during the coming year. We again express our thanks to the Secretary, Dr. A. E. Proctor, for his friendly co-operation and helpful counsel.

Number of dental clinics held	44
Attendance at dental clinics	3,661

REPORT OF SOCIAL WORK DONE IN CONNECTION WITH VENEREAL DISEASE CLINICS HELD IN ST. BONIFACE HOSPITAL, MANITOBA HOME FOR GIRLS, AND HOME OF THE GOOD SHEPHERD

January 1 to December 31, 1935

A Public Health Nurse is in attendance at the clinics held thrice weekly at St. Boniface Hospital and she is responsible for any necessary social and follow up work in connection with the patients. The Nurse reports that the clinics are well attended and that most of the patients co-operate well. The recent arrangements whereby pregnant women suffering from Venereal Disease are admitted to St. Roch's Hospital early in pregnancy and attend the Outdoor Department for treatment, has met a long felt need.

A Nurse is in attendance daily at the Home of the Good Shepherd and the Manitoba Home for Girls, to assist the Doctor at the clinics held for infected inmates. She also does the routine treatment of those infected and Public Service Nursing of the sick in these institutions.

Number of clinics attended by nurses	881
Number of treatments given at clinics	23,978
Number of home visits made	334
Number of visits of co-operation	123
Number of interviews	1,674
Number of cases referred from social agencies.....	485
Number of cases referred to social agencies.....	341
Number of cases dealt with socially	278
Number of hospital ward interviews	2,560

REPORT OF WORK DONE IN CONNECTION WITH TUBERCULOSIS NURSING

January 1 to December 31, 1935

Clinics held at—Virden, Souris, Deloraine, Beausejour, Selkirk, Eriksdale, St. Laurent, Morden, Carman, St. Claude, Riverton, Arborg, Manigotogan, Rorketon, Dauphin, Ethelbert, Shoal Lake, Neepawa, St. Lazare, Amaranth, Rossburn, Roblin, Portage, Elie, Teulon, Stonewall, Steinbach, Morris, Vita, Gretna, Brandon, Swan River, The Pas, Minnedosa, Indian Schools.

The chest clinics are conducted by the Medical staff of Ninette Sanatorium, the Public Health Nurses being responsible for the round up of the patients who should attend the clinics, assisting the Doctors at the clinics and the follow up visiting of those found needing health supervision or sanatorium care.

While good work has undoubtedly been done in this branch of Public Health Nursing, we cannot with the present staff, carry on a complete programme which would include case finding and more frequent visiting in the homes for health education.

Number of families carried for supervision	3,390
New families added during 1935	415
Of these 415 families, in 48 notification of death from tuberculosis was first information of case.	
Chest clinics provided with nursing service	35
Number patients examined at these 35 chest clinics	4,276
Two nurses each spent at these chest clinics	64 days
or a total of 128 days.	
Total number of visits made by Public Health Nurses to tuberculous families	3,866
Reports on patients sent to nurses	1,496

SUPERVISION OF BOARDING HOMES FOR CHILDREN, DAY NURSERIES AND MATERNITY HOMES

January 1 to December 31, 1935

All Children's Boarding Homes, Day Nurseries, and Child Caring Institutions, Private Maternity Homes, Private Hospitals, and other Institutions for the care of the Aged and Infirm that operate under Provincial license, have been inspected at least once during the year in the rural districts; in Winnipeg, we are able to give closer supervision. As a result of the guiding regulations for the conduct of such homes and institutions, there has been a steady, marked improvement through the years and the Nursing staff have been keenly conscious of their responsibility, especially regarding the proper care of the child deprived of its natural parents. In connection with this branch of the work, we respectfully draw your attention to the following findings and recommendations:

1. That contrary to the regulations, children under six months of age are placed in Institutions without their mothers and without being referred through the Children's Bureau.

2. That children are being kept in Shelters for from one to five years.

3. That in the interest of public health, Child Caring Institutions provide for a complete medical examination of all children on admittance, and a further yearly check up; examination for Venereal Disease of all mothers admitted with their babies; the reports of such examinations to be kept on file in that Institution.

4. That the training and number of the staff of all licensed Institutions be determined by the Department of Health and Public Welfare, subject to the type of work carried on and number of inmates.

BOARDING HOMES FOR CHILDREN

Number of applications for boarding home permits	631
Number of permits granted	370
Number of applications rejected	180
Number of boarding homes placed on trial	61
Visits of investigation	847
Routine boarding home visits	1,774
Number of private placements	68
Number of visits to Orphanages	25
Number of visits to Shelters	8
Number of visits to Day Nurseries	7
Number of visits to Maternity Homes	42
Number of visits to Old Folks' Homes	8
Number of visits to Private Hospitals	19
Number of visits to Rest Homes	52
Number of visits to Hostels	3
Service rendered to social agencies	35
Number of visits of co-operation	653
Number of cases referred to social agencies	28

CANCER CAMPAIGN

At the request of the Department, the four rural supervisors took over the organizing of the drive for funds in rural Manitoba. Miss M. Meehan took charge of this special work and acted with the Winnipeg executive in planning the Campaign, which commenced October 15th. Radio talks were given by the medical committee and leaders of the rural women's organizations.

The supervisors organized local committees throughout their territory, gave talks to the various organizations and in schools, on the work of the Cancer Institute, and its need for funds.

Considering the short time there was to get the campaign under way and the fact that the rural communities had in many instances already made arrangements for local functions to raise funds for relief, the results were most encouraging; even in the poor districts, the people gave generously of the little they had. To date, nearly \$3,300.00 have been donated and further contributions have been promised in the New Year, and as a result of the educational campaign, the co-operation of the Union of Municipalities was obtained and at their annual meeting held in November, a resolution was passed that a yearly grant would be made to this worthy cause.

The supervisors feel that the Campaign was of decided educational value and the general opinion among rural organizations, municipal and school officials, was that cancer clinics held at strategic points throughout the Province, would be of great help to the rural people.

STAFF EDUCATION

An eleven day Refresher Course was arranged for the staff, September 9-20, which was opened by the Hon. I. B. Griffiths, Minister of Health and Public Welfare, and Dr. F. W. Jackson, Deputy Minister. Lectures and demonstrations were given each morning by the Director and supervisors on the various phases of work of the Division. Lectures were also given by members of the staff of the Division of Public Welfare—Director of the Government Department of Unemployment Relief and Director of Sick Relief; which served the dual purpose of introducing the social aspect of the work and fostered interdepartmental relationship. The discussions and exchange of ideas proved very beneficial to both groups; also Mr. H. J. Russell, of the Russell Business Institute, gave a series of helpful lectures on the principles of teaching. The afternoon sessions and lectures were open to all graduate nurses of the Province, and were well attended by Private Duty, Institutional and other City Public Health Nursing groups; the lecture theatre at the Medical College being filled to capacity at each session.

Members of the medical profession gave generously of their time in an endeavour to give the nurses the benefit of the most recent developments in the field of medical science. Among this group were: Dr. F. W. Jackson, Dr. F. Cadham, Dr. D. A. Stewart, Dr. F. G. McGuinness, Dr. O. J. Day, Dr. H. Medovy, Dr. M. R. McCharles, and Dr. F. Mathewson. We were particularly fortunate in being favored with lectures and clinics by visiting specialists among whom were Dr. J. C. Meakins and Dr. W. T. B. Mitchell of Montreal, Dr. R. I. Harris and Dr. T. C. Routley of Toronto. Dr. S. Wall of the Federal Department of Indian Affairs, conducted a most interesting trachoma clinic, demonstrating cases of varying stages of the disease. A most interesting and instructive clinic on venereal diseases was held at St. Roch's Hospital by Drs. S. C. Peterson, J. Crawford, J. C. Hossock, C. E. Corrigan. After the clinic the Sisters of the Hospital graciously served the Nursing Staff with refreshments.

At the completion of the Course, letters were received from several Nursing groups commenting on the value of the subject matter of the lectures, and voicing their appreciation of the opportunity offered them by the Department to attend the Course.

The Provincial Nursing staff as a whole, tender their sincere appreciation to the Minister and yourself for making possible this splendid course that brought to them newer knowledge in the field of medicine and disease prevention, and we re-

spectfully submit for your consideration the following suggestions in the interest of public health brought forward by the Nurses during the conferences:

1. That in the interest of child health, a Medical Certificate be required of all school teachers and persons in child caring institutions; the physical examination of the doctor to include X-ray of the chest.

2. That general practitioners throughout the Province take routine Wasserman tests of all pre-natal cases.

3. That some measures be taken to prevent untrained men going through the country and selling eye glasses for children.

4. In view of the increasing costs of hospitalization of indigent patients throughout the Province it is the opinion of the Public Health Nursing staff (most of whom have had many years' experience in the work), that these costs could be greatly lowered if there were more Public Health Nurses in the districts that could advise and help in the homes where there are minor cases of illness.

NURSING SERVICE IN THE COMMUNITY

The continued depression has greatly increased the number of cases of ill health and social relief that are referred to us for investigation and with a limited staff to cover a very large territory, it has been impossible to respond to all calls for service. This has also meant that health education as a community activity has been greatly curtailed.

In the west of the Province, the Supervisor is trying to cope with the health problems in a territory formerly served by 16 Public Health Nurses; the Supervisor in the south of the Province is attempting to cover territory formerly served by 12 Public Health Nurses.

The well trained Public Health Nurse with vision is a tremendous asset in the field of disease prevention, and never was the need for such women greater than at the present time. I am very proud of the fine type of service rendered the communities by members of the Nursing Staff in their efforts to meet the need of people; like the famous Father O'Flynn, their duties in many cases include:

Checking the crazy ones,
Coaxing the aisy ones,
Lifting the lazy ones on
with the stick.

HEALTH EDUCATION

Lectures to the Public	38
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ADMINISTRATION OF NURSING SERVICE

Number of Nurses on the staff, December 31, 1935	27
Number of Nurses resigned during 1935	3

SUPERVISION

Total number of visits of Inspection and Instruction made by supervisors to staff nurses	26
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We wish to register our thanks to the officials of the Sick Relief and Unemployment Relief Division for their co-operation and help; and to all other Provincial

and City Relief and Welfare organizations and Police Departments, to the medical profession, Municipal councils and school teachers for their co-operation in the carrying out of our duties; the generous space given throughout the year by the Public Press, to reports and items of special interest, has proved a valuable medium of publicity of the activities of the Division. We are deeply appreciative of this privilege and the keen interest that the Press has shown in our work through the years.

In closing, I wish to convey to you the sincere thanks of the Nursing Staff for the kindly counsel that has at all times been available to us and your keen interest in the development of Public Health Nursing.

Respectfully submitted,

ELIZABETH A. RUSSELL,

Director of Public Health Nurses.

Annual Report

Public Health Education

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

I have the honour to submit a report of the work carried on in connection with Public Health Education for the year ending December 31, 1935.

Since the formation of the health educational service in the latter part of 1929 as a special activity to provide health information (particularly for those residing in districts where health workers are not available), and to develop suitable and economical avenues for general health education, the use of its facilities has increased to such an extent that it has become difficult to meet the demands for aid. For this reason, in addition to the direct assistance given, interested individuals and community agencies have been encouraged to assist in spreading health information. In this connection, particular mention should be made of the co-operation of many teachers who have been the means of reaching families in need of health instruction.

A summary of the work of this branch is as follows:

INFORMATION BUREAU

Correspondence:

Enquiries for information have been dealt with by correspondence to the number of 2,369.

Correspondence has also been carried on with other agencies respecting arrangements for health educational features to the number of 237.

Consultations

Enquiries for information of all kinds relating to human welfare have been dealt with:

By telephone calls, approximately	3,643
By personal interviews, to the number of	2,334

Assistance has also been given to 16 visitors from other health and welfare organizations outside of the Province who desired information and aid.

Publications:

Number of publications distributed:

Printed	203,311
Mimeographed	34,945
Total	238,256

In the distribution of publications which has been made only upon request,

particular care has been taken to conserve supplies for the use of those most in need of them; and in some cases it has not been possible to fill all requests in full. In this connection the policy of referring all requests for publications from other provinces to the Provincial Health Departments has been continued.

Prenatal, postnatal and pre-school letters have been sent to 1,115 parents, of whom 423 were referred by the Canadian Welfare Council, Ottawa.

In addition to health workers, requests for publications are received from varied sources, i.e., parents, teachers, members of adult and teen-age groups, students, Clergymen, druggists, friends, etc. A clergyman stated that he was beginning to see results from urging his parishioners to seek health information; and as they frequently asked him where to obtain health publications, he wished to have samples on hand in order to show what could be easily obtained.

In some instances, a complete set of publications has been placed in the community library.

Enquiries regarding the reprinting of the maternal and child hygiene pamphlets of the Department have been made in large numbers throughout the year, even though they have been out of print for some time. In this connection, correspondents from several districts have continued to report that old copies of departmental pamphlets now out of print, were still circulating from neighbor to neighbor.

It is also of interest that enquiries for publications are still being received from those who received* letters, following the registration of their marriage in the Province in 1931; thereby indicating the value of informing young married people where they may obtain reliable health information.

During the year, the difficulty of supplying publications at a minimum of expenditure has been largely overcome through the generosity of the Metropolitan Life Insurance Company and national health organizations.

Total number of departmental pamphlets printed by the Metropolitan Life Insurance Company, 49,900.

The following organizations have also provided publications for distribution:

Department of Agriculture (Dominion Government)	139
Canadian National Institute for the Blind	356
Canadian Tuberculosis Association	1,398
Canadian Welfare Council	7,456
Metropolitan Life Insurance Company	8,131
Other agencies in Manitoba	289
Total	67,671

*These letters were sent only during the year 1931.

New publications have been prepared as follows:

Health in Advancing years.

Home Care of Communicable Diseases.

What I Can Do To Prevent The Spread of Communicable Disease (Poster) .

Save Your Eyes (Poster and card dealing with the prevention of Trachoma).

Number of other bulletins and pamphlets revised to meet requests for material not available from other sources	19
Number of bulletins mimeographed for distribution	24,310

LIBRARY

The lending library has continued to be a source of much aid to workers and students in spite of limited facilities, as instanced by the amount of material borrowed:

Books	236
Magazines	273
Pamphlets	618
	<hr/>
Total	1,127

Many requests for library material could not be filled, but enquirers have been directed to other likely sources. Other lending libraries have also been supplied with lists of approved health books and magazines.

Three new books, and a large number of magazines and pamphlets have been donated to the library which have helped in meeting the urgent need for current reference material by health and social workers, teachers and group leaders.

EDUCATION

Radio

The fifth programme of radio talks was arranged for broadcast over Station CKY from October 16, 1934, to May 1, 1935, on Tuesdays and Fridays from 4.30 to 4.40 p.m., and on alternate Wednesdays from 12.30 to 12.45 p.m. This latter period was made available through the courtesy of the Extension Service of the Department of Agriculture.

The programme was given in the form of six series and covered a range of topics of interest to everyone, old and young, by the following speakers: Officers of the Department, the Manitoba Medical Association, the Manitoba Dental Association, Winnipeg Health Department, St. James Health Unit, Cancer Relief and Research Institute, Victorian Order of Nurses, the Manitoba Branch of the Canadian Red Cross Society, the Young Men's Christian Association, Local Council of Women, Women's Institute, and the Women's Section of the United Farmers of Manitoba.

The subject of each series was as follows:

Present Health Problems.
 Changing Health Needs.
 Child Health Problems.
 Mr. Average Citizen Wants to Know.
 What Women's Organizations Are Doing For Health
 My Body and How It Works.

Press:

As in previous years, the newspapers, the journals and bulletins of various organizations have been important mediums for carrying information regarding the educational activities of the Department such as publications, radio programmes, etc., as well as information on general health matters with which the public is concerned.

The Health Department of the Western School Journal has been edited as usual throughout the year; and articles have been prepared for newspapers and magazines to the number of 29.

Exhibits:

Three exhibits were prepared during the past year for the Convention of the

Manitoba Educational Association, the Safety Week Campaign, and the Winnipeg Health Exhibition.

The exhibit at the Convention of the Manitoba Educational Association consisted of a display of posters, charts and publications as a means of drawing attention to the problems of school sanitation. An information bureau was also conducted for teachers, of whom many expressed their appreciation of this service.

Two floats were prepared for the Safety First Parade, which was held on May 27, in connection with the Safety Week Campaign under the auspices of the Winnipeg Board of Trade.

The first float carried demonstration teams from the First Aid and Home Nursing classes at Britannia and Assiniboia Schools in St. James Municipality. Four boys demonstrated first aid on one side of the float, and four girls on the other, while four boys and girls held banners (containing safety first messages) at each corner. Decorated in blue and gold the float formed an attractive background for the blue and white uniforms of the pupils whose skill showed more plainly than words, the value of home nursing and first aid instruction in the schools.

The second float represented a home to direct attention to the need of accident prevention measures in the home. In the kitchen-living room, members of a family were shown in their relation to ideas of safety: the baby in a play-pen playing with safe toys, the toddler protected from harmful contact with the stove, and the mother teaching her seven-year-old daughter how to make bandages for the home-made first aid kit. Father, grandmother, and a dog who also showed a sign of belief in safety first measures completed the scene of life in the average home. Below, on each side of the float, additional messages also emphasized essential points in home safety.

In connection with the Winnipeg Health Exhibition, which was held during the week of October 19th, in the Civic Auditorium, under the auspices of the Back to the Land Assistance Association, a health exhibit was prepared to represent a "Bridge of Life" made up of seven spans,—one for each age period.

On the bridge, a display of models, barriers, and messages drew attention to measures for the prevention and control of disease. Below, in front of each arch, a chart showed graphically the death rates for the diseases causing the highest number of deaths within each age group.

An information booth, together with a display of health publications issued by all health agencies, completed this feature which invariably drew expressions of interest from those who attended.

In addition to these exhibits, a display of teaching aids was also prepared for the Conference of Public Health Nurses which was held in September.

Through the courtesy of the Metropolitan Life Insurance Company, arrangements were made for the loan of an exhibit of posters respecting Cancer to two health agencies.

Posters and other demonstration material were borrowed by 17 organizations as follows:

Number of posters and charts borrowed	202
Number of slides borrowed	145

(Items of other exhibit material not included.)

Number of posters, signs and other demonstration material prepared for exhibits and child health conferences	51
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Health Education in Schools

The advisory service for teachers has been carried on as usual by means of correspondence, personal interviews, and teaching aids in the form of bulletins, manuals, lesson material and posters.

First Aid and Home Nursing classes registered for the course leading to a certificate, were supplied with teaching aids in 43 schools with an enrolment of 998 pupils.

Certificates were granted to 378 pupils in 32 schools, where the course of instruction had been completed satisfactorily.

Teaching aids have also been supplied to 127 teachers who included first aid and home nursing in the regular class health instruction without regard for credit by certificate; thereby indicating the growing appreciation for practical instruction in the care of the body in health and emergency.

As mentioned last year, a decrease in the number of schools providing first aid and home nursing instruction continues as a result of the lack of health workers to maintain interest. The inclusion of this instruction in the school programme of studies would do much to enable teachers to give it the attention it should receive as an essential part of school health education.

Health Education in Normal Schools

In the Normal Schools at Winnipeg and Brandon, direction has been given as usual to the course of study in health education.

Arrangements were also made for a series of lectures to students at the School of Education and the Manitoba Summer School of the University of Manitoba.

In addition, teaching aids in the form of mimeographed notes and pamphlets have been supplied to 268 students.

The notes for students, which were prepared in 1934 as an attempt to overcome the inadequacy of the course in health education has proved a valuable aid to students; and has shown the value of a text as a guide to students concerning the school health programme.

Health Education In School of Nursing:

In connection with the course of study for student nurses as an introduction to public health work, arrangements were made for special instruction, and teaching aids were supplied to 220 students in the following Schools of Nursing:

Brandon General Hospital	Misericordia Hospital
Brandon Hospital for Mental Diseases	Neepawa Hospital
Children's Hospital	St. Boniface Hospital
Dauphin Hospital	St. Josephs Hospital
Grace Hospital	Winnipeg General Hospital

Community Organizations:

Topics relating to health and public welfare have received considerable attention

in the programmes of community organizations as indicated in the number of requests for assistance.

Material prepared for study groups	21
Material prepared for speakers	43
Arranged for speakers at meetings	14
Number of health talks given	26

The tendency for local groups to conduct their own health programmes on account of the difficulty of obtaining outside speakers has promoted self study on the part of their members. This in turn has created a greater demand for reading references, which at the present time are insufficient for this purpose.

This branch was represented at the Annual Convention of the Canadian Public Health Association which was held in June at Toronto, where a paper was presented dealing with health education as an essential in a provincial health programme. This occasion also afforded an opportunity to observe health educational activities of various organizations in Toronto.

Acknowledgment and thanks are due to the speakers who contributed to the radio programme, the officers of the Department of Education, Agriculture, and Public Works, The Manitoba Telephone System, to other organizations previously mentioned in this report, and to many others for their co-operation and kindly assistance.

Respectfully submitted,

A. E. WELLS,

In Charge of Health Education Service.

Annual Report

Provincial Bacteriologist

July 19, 1935

The Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Buildings.

Sir:

Herewith I beg to submit a report of the work carried out during the year from May 1st, 1934, to April 30th, 1935, at the Provincial Bacteriological Laboratory:

	Number
Bacteriological examinations of water and ice for drinking purposes. Number of samples	1,880
Examination of milk for fat content, total solids, number of bacteria per c.c., etc. Number of samples	401
Examination of swabs from patients and contacts for the presence of the diphtheria bacillus	2,101
Positive	94
Negative	2,007
Wasserman tests on blood and spinal fluid, for syphilis	16,253
Examination of pus for the gonococci	922
Positive	1,281
Negative	14,972
Examination of sputum for tuberculosis	159
Positive	150
Negative	772
Widal agglutination tests for typhoid fever	225
Positive	9
Negative	150
Agglutination tests for paratyphoid A and B fever	32
Positive	68
Negative	157
Agglutination tests for <i>Brucella abortus melitensis</i> —Undulant fever	52
Positive	2
Negative	30
Examination of gastric contents	6
Positive	0
Negative	52
Examinations for Vincent's disease	118
Positive	26
Negative	92

Examinations of spinal fluid for Meningitis, etc.	14
Examinations of pleuritic fluid for the tubercle bacillus, pneumococci, etc.	7
Special examinations, transudates and exudates	81
Examination for ringworm, anthrax, glanders, rabies, tularemia, Blastomycosis, etc.	193
Examinations of urine for gonococci, tubercle bacilli, etc.	2,889
Examination of feces for amebae, etc.	145
Examinations of blood for bacteria, etc.	80
Examinations of tumors	79
Examinations of Hospital "Dressings" for sterility	15
Virulence and special animal tests	241

During the year 580 cubic centimeters of convalescent serum for poliomyelitis were prepared in this laboratory. This was distributed, when required, to various points in the province. As in the previous year favorable reports were received on the success following the use of the serum.

Respectfully submitted,

FRED CADHAM,
Director of Laboratory.

Annual Report

Division of Hospitalization

DIVISION OF HOSPITALIZATION

May 1st, 1934, to April 30th, 1935

During the fiscal year ending April 30th, 1935, there were thirty-eight public hospitals operating under The Hospital Aid Act, this being two more than in the previous year. The St. Mary's Hospital at Birtle re-opened under the Sisters of the Order of St. Benedict, October 1st, 1934, and the Concordia Hospital, Winnipeg, operated by the Mennonite Hospital Society, opened May 1st, 1934, but this institution, by special arrangement, receives no statutory grant.

BED CAPACITY

The reported capacity of all the thirty-eight hospitals is 4,087 beds.

PATIENTS TREATED

Every hospital except one treated more patients this year, the total of 67,360 being nearly 10,000 more patients treated in hospitals this year than the previous year and is the largest number cared for in the past five years. This is partly accounted for by an unusual prevalence of mild influenza and other upper respiratory infections during the winter of 1934-1935. (See Table No. 2 and Form 1)

PRIVATE AND PUBLIC WARDS

Twelve thousand two hundred and seventy patients were treated in the private wards, being 18 per cent of the total and a very small percentage increase over the previous year.

HOSPITAL DAYS

The 976,812 hospital days were the largest number accrued during the past five years, as was also the 793,186 days treatment given in public wards but the public ward percentage of the total days was the smallest in this five-year period. (See Form I and Table No. II)

The average days' stay in the various general hospitals was 10.5 days, ranging from a low of 6.21 days per patient to 18.07 days.

BED OCCUPANCY

Fourteen of the thirty-eight hospitals had an average occupancy of less than 50 per cent of their capacity, all except one of these being outside of Winnipeg, but they represent only about 17 per cent of the bed capacity in the Province; 75 per cent of all patients are treated in the hospitals in Greater Winnipeg which has 70 per cent. of the bed capacity of the Province. (See Form I.)

OPERATING COST

Average maintenance cost per patient of all the hospitals is \$2.29 per day which, according to figures submitted by the hospitals, is the lowest per patient day cost reported during the past five years. This ranges from a low of \$1.08 to a high of \$4.89. (See Form III.)

MAINTENANCE INCOME

Total revenue reported by the hospitals for services rendered and from statutory grant was \$2,303,901.35 or at the rate of \$2.35 per patient day. Paying patients contributed \$1,057,537.31 or 45.5 per cent, the remainder coming direct from public funds. The majority of the hospitals collect in the neighborhood of 50 per cent of their income direct from their patients but one hospital reports only having collected 6 per cent from that source.

**PAYMENTS TO HOSPITALS THROUGH THE DIVISION OF HOSPITALIZATION
UNDER THE HOSPITAL AID ACT**

Special agreements for the treatment of patients were entered into with St. Anthony's Hospital, Pine Falls Hospital and Hunter Hospital in accordance with Section 19 of Part II of The Hospital Aid Act. Special arrangements were also made with St. Roch's Hospital to take certain cases of venereal disease from the various municipalities at a special rate of \$20.00 per month for adults and \$10.00 per month for infants of which this Department pays twenty-five per cent. The amount spent under this arrangement was \$234.81.

A total of \$449,731.93 was paid to public hospitals through this Department for various purposes. This is a small reduction from the amount paid during the previous year.

The above total includes \$93,222.21 paid for per diem maintenance of certain patients, which is also below the amount paid for the same purpose in the previous year. Of this amount, \$71,136.65 was necessary for the per diem accounts of patients who actually had residence in unorganized territory, the remainder being expended on those with no fixed abode or having no technical residence through being on relief, coming from outside the Province or living in institutions. (See being on relief, coming from outside the Province or living in institutions.

The amount paid for the treatment of our patients in general hospitals is the lowest for the past five years, while the cost of maintenance in the tuberculosis sanatoria, although lower than last year, still remains relatively high.

In some areas of unorganized territory as high as 75 per cent of their hospital accounts are for care in tuberculosis sanatoria.

Requests for decisions as to hospital responsibility continue to be numerous. Some of the rules of residence are still of a contentious nature and it is hoped that changes may be made which will render these rules more generally acceptable.

Respectfully submitted,

E. W. MONTGOMERY,

Division of Hospitalization.

FORM I.

MANITOBA HOSPITALS

STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1935

Hospital	Location	Character of Service	Bed Capacity	No. of Patients Treated	Total No. of Hospital Days	Average Days Stay in Hospital	Average No. of Patients in Hospital Daily	No. of Deaths During Year	Death Rate
Birtle (St. Mary's)	Birtle	General	14	90	946	9.40	4.	1	1.11
Brandon	Brandon	General	210	1,647	28,722	17.44	78.7	109	6.6
Carman	Carman	General	30	1,214	7,544	6.21	20.67	15	1.24
Central T.B. Clinic	Winnipeg	Tuberculosis	51	5,042	18,478	3.67	50.63	24	.476
Children's	Winnipeg	General	135	2,601	31,103	11.92	85.22	56	2.15
Concordia	Winnipeg	General	50	807	6,366	7.89	17.44	12	1.49
Convalescent	Winnipeg	Rest Home	50	151	13,622	90.21	37.32	1	.66
Dauphin	Dauphin	General	59	1,567	17,727	11.31	48.57	61	3.9
Deloraine Memorial	Deloraine	General	17	376	3,492	9.29	9.57	9	2.38
Elizabeth M. Crowe									
Memorial	Eriksdale	General	11	222	1,752	7.9	4.8	6	2.7
Ethelbert	Ethelbert	General	15	201	1,561	7.77	4.28	6	2.99
Freemasons'	Morden	General	32	758	8,260	10.9	22.63	27	3.56
Gladstone	Gladstone	General	8	99	1,112	11.23	3.05	2	2.02
Grace	Winnipeg	General	214	2,579	46,616	18.07	127.7	64	2.48
Grandview	Grandview	General	15	236	1,638	6.94	4.49	8	3.39
Hamiota	Hamiota	General	10	168	1,402	8.36	3.85	11	6.55
Hunter	Teulon	General	30	380	5,623	14.79	15.41	7	1.84
Lady Minto	Minnedosa	General	12	297	2,957	9.96	8.1	7	2.36
Man. Sanatorium	Ninette	Tuberculosis	285	1,640	96,626	58.92	264.73	34	2.07
Misericordia	Winnipeg	General	285	6,552	58,797	8.97	161.07	144	2.2
Municipal	Winnipeg	Isolation	330	1,667	62,928	37.75	172.4	65	3.9
Neepawa	Neepawa	General	30	494	4,413	8.93	12.09	15	3.04
Pine Falls	Pine Falls	General	35	599	6,587	11.	18.05	16	2.67
Portage la Prairie	Portage la Prairie	General	75	1,217	13,385	11.	36.67	49	4.03
Sacred Heart	Russell	General	17	562	5,450	9.7	14.93	20	3.56
Selkirk	Selkirk	General	68	1,210	10,408	8.6	28.5	27	2.23
Shoal Lake Mun'pal	Shoal Lake	General	15	305	3,380	11.08	9.26	9	2.95
Souris & Glenwood									
Memorial	Souris	General	40	514	4,451	8.66	12.2	10	1.95
St. Anthony's	The Pas	General	140	1,146	15,455	13.5	42.34	34	2.97
St. Boniface	St. Boniface	General	472	11,106	127,422	11.47	349.1	296	2.67
St. Boniface									
Sanatorium	St. Vital	Tuberculosis	268	516	73,704	142.83	201.88	45	8.72
St. Joseph's	Winnipeg	General	114	2,917	27,359	9.38	74.96	83	2.85
St. Roch's	St. Boniface	Isolation	110	771	22,845	29.63	62.6	29	3.76
Swan River	Swan River	General	15	246	2,893	11.76	7.93	8	3.25
Victoria	Winnipeg	General	120	2,821	27,505	9.7	75.4	72	2.55
Viriden	Viriden	General	25	498	4,371	8.78	12.	19	3.82
Vita	Vita	General	30	502	4,619	9.2	12.65	15	2.99
Winnipeg General	Winnipeg	General	650	13,642	205,293	15.05	562.45	525	3.85

MANITOBA HOSPITALS
STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1935

HOSPITAL	Patients in Public Wards		Public Ward Patient Days		Average Days Stay in Public Wards		Patients in Private and Semi-Private Wards		Private and Semi-Private Days		Average Days Stay in Private and Semi-Private Wards	
	Adult	Infant	Adult	Infant	Adult	Infant	Adult	Infant	Adult	Infant	Adult	Infant
Birtle General (St. Mary's)	68	13	750	139	11.	11.	7	2	34	23	5.	11.5
Brandon General	1,192	156	21,706	1,058	18.21	12.55	272	27	4,720	338	17.35	12.52
Brandon General	1,192	156	21,706	1,958	5.62	8.8	114	17	1,102	168	9.67	10.
Central Tuberculosis Clinic	5,042		18,478		3.67							
Children's	2,274		30,216		13.29		327		887		2.71	
Concordia	48	8	646	66	13.46	8.25	626	125	4,484	1,170	7.16	9.36
Convalescent	151		13,622		90.21							
Dauphin General	1,319	100	15,285	959	11.59	9.59	132	16	1,387	96	10.5	6.
Deloraine Memorial	333	31	2,975	348	8.9	11.23	10	2	132	37	13.2	18.5
Elizabeth M. Crowe Memorial	187	35	1,422	330	7.6	9.43						
Ethelbert General	157	44	1,168	393	7.44	8.93						
Freemasons'	613	69	6,989	652	11.4	9.45	76		619		8.14	
Gladstone General	74	25	896	216	12.1	8.64						
Grace	1,618	500	31,565	4,820	19.5	9.64	301	160	8,522	1,709	28.31	10.68
Grandview	83	42	603	388	7.26	9.24	82	29	387	260	4.72	9.
Hamiota	125	43	1,077	325	8.62	7.56						
Hunter	310	36	5,002	293	16.13	8.1	25	9	239	89	9.56	10.
Lady Minto	230	34	2,271	385	9.9	11.32	26	7	226	75	8.7	10.7
Manitoba Sanatorium	1,640		96,626		58.92							
Misericordia	3,775	765	35,940	7,465	9.52	9.76	1,708	304	13,307	2,085	7.79	6.86
Municipal	1,625		62,035		38.18		42		893		21.26	
Neepawa General	378	61	3,500	458	9.26	7.5	48	7	385	70	8.	10.
Pine Falls	526	73	5,929	658	11.27	9.						
Portage la Prairie General	905	147	10,601	1,293	11.71	8.8	133	32	1,155	336	8.68	10.5
Sacred Heart	474	60	4,487	590	9.46	9.83	28		373		13.32	
Selkirk General	980	159	8,149	1,564	8.31	9.84	66	5	630	65	9.55	13.
Shoal Lake Municipal	245	33	2,653	391	10.83	11.85	27		336		12.44	
Souris and Glenwood Memorial	453	48	3,504	619	7.74	13.	13		328		25.23	
St. Anthony's	961	74	13,446	738	14.	10.	111		1,271		11.45	
St. Boniface General	8,871	959	103,149	9,091	11.63	9.48	1,219	57	14,669	513	12.	9.
St. Boniface Sanatorium	512	2	72,974	327	142.49		2		403		201.5	
St. Joseph's	2,103	434	19,969	3,733	9.5	8.58	355	25	3,442	215	9.7	8.6
St. Roch's	757	11	22,570	240	29.8	21.82	3		35		11.67	
Swan River	228	15	2,668	169	11.7	11.27	2	1	43	13	22.5	13.
Victoria	2,116	302	21,092	3,063	9.97	10.14	364	39	2,955	395	8.12	10.1
Virden	399	48	3,394	494	8.5	10.3	46	5	458	25	9.91	5.
Vita General	447	55	4,113	506	9.2	9.2						
Winnipeg General	7,840	566	135,953	10,548	17.34	18.65	4,875	361	55,141	3,651	11.31	10.11

MANITOBA HOSPITALS
FINANCIAL STATEMENT FOR FISCAL YEAR ENDING APRIL 30, 1935

Hospital	Location	Total Income	Total Expenditures	Net Profit	Net Loss
Birtle (St. Mary's)	Birtle	1,565.25	1,221.16	344.09	
Brandon General	Brandon	68,251.72	74,811.74		6,560.02
Carman General	Carman	17,096.74	16,554.13	542.61	
Children's	Winnipeg	121,535.13	122,844.97		1,308.84
Concordia	Winnipeg	13,265.81	13,952.13		686.32
Convalescent	Winnipeg	10,515.56	11,360.41		844.85
Dauphin General	Dauphin	36,922.45	29,542.11	7,380.34	
Deloraine Memorial	Deloraine	16,703.70	8,197.79	8,505.91	
Elizabeth M. Crowe Memorial	Eriksdale	5,178.12	5,295.49		117.37
Ethelbert General	Ethelbert	7,610.52	7,637.61		27.09
Freemasons'	Morden	17,193.48	16,937.68	255.80	
Gladstone General	Gladstone	2,041.33	1,831.88	209.45	
Grace	Winnipeg	58,248.00	62,657.25		4,409.25
Grandview General	Grandview	2,383.45	1,887.51	495.94	
Hamiota Municipal	Hamiota	2,811.28	4,017.08		1,205.80
Hunter	Teulon	10,977.64	11,188.40		210.76
Lady Minto	Minnedosa	6,160.45	6,464.05		303.60
Manitoba Sanatorium	Ninette	218,281.40	247,804.65		29,523.25
Misericordia	Winnipeg	163,393.72	206,870.98		43,477.26
Municipal	Winnipeg	47,914.88	287,802.18		239,887.30
Neepawa General	Neepawa	9,387.75	10,856.09		1,468.34
Pine Falls	Pine Falls	14,865.94	17,187.81		2,321.87
Portage la Prairie General	Portage la Prairie	30,300.39	33,154.25		2,853.86
Sacred Heart	Russell	12,103.86	10,696.76	1,407.10	
Selkirk General	Selkirk	22,258.84	18,975.15	3,283.69	
Shoal Lake Municipal	Shoal Lake	7,444.18	7,419.38	24.80	
Souris and Glenwood Memorial	Souris	11,201.92	11,122.36	79.56	
St. Anthony's	The Pas	39,932.08	65,502.00		25,569.92
St. Boniface General	St. Boniface	360,716.91	371,217.17		10,500.26
St. Boniface Sanatorium	St. Vital	175,585.67	192,329.42		16,743.75
St. Joseph's	Winnipeg	59,257.32	76,825.93		17,568.61
St. Roch's	St. Boniface	51,527.62	59,499.25		7,971.63
Swan River	Swan River	6,934.91	5,704.14	1,230.77	
Victoria	Winnipeg	51,893.51	58,672.10		6,778.59
Virden	Virden	12,682.25	11,630.62	1,051.63	
Vita General	Vita	13,694.68	13,598.92	95.76	
Winnipeg General	Winnipeg	574,097.36	584,324.87		10,227.51

TABLE I.

PATIENTS' AVERAGE DAYS' STAY IN GENERAL HOSPITALS, 1934-1935

Grace	18.07 days
Brandon General	17.44 days
Winnipeg General	15.05 days
Hunter	14.79 days
St. Anthony's	13.5 days
Children's	11.92 days
Swan River	11.76 days
St. Boniface General	11.47 days
Dauphin General	11.31 days
Gladstone General	11.23 days
Shoal Lake Municipal	11.08 days
Pine Falls	11. days
Portage la Prairie General	11. days
Freemasons'	10.9 days
Lady Minto	9.96 days
Sacred Heart	9.7 days
Victoria	9.7 days
Birtle General (St. Mary's)	9.4 days
St. Joseph's	9.38 days
Deloraine Memorial	9.29 days
Vita General	9.2 days
Misericordia	8.97 days
Neepawa General	8.93 days
Virden	8.78 days
Souris and Glenwood Memorial	8.66 days
Selkirk General	8.6 days
Hamiota Municipal	8.36 days
Elizabeth M. Crowe Memorial	7.9 days
Concordia	7.89 days
Ethelbert General	7.77 days
Grandview General	6.94 days
Carman General	6.21 days

TABLE II.

Year	Total Patients Treated	Total Hospital Days	Public Ward Days	Public Ward Days Percentage of Total
1931	55,684	812,683	690,984	85%
1932	59,185	897,204	754,428	84%
1933	59,243	892,224	749,291	83%
1934	57,904	874,582	762,854	86%
1935	67,360	976,812	793,186	81%

TABLE III.

Hospital	1931 Days	%	1932 Days	%	1933 Days	%	1934 Days	%	1935 Days	%
Isolation..	72,775	8.9	98,842	11.	79,103	8.9	84,696	9.8	85,773	8.78
T.B. San....	103,010	16.	147,918	16.5	183,694	20.2	180,023	20.3	188,808	19.33
General	636,898	75.1	650,444	72.5	629,427	70.9	609,863	69.9	702,231	71.89
Total	812,683		897,204		892,224		874,582		976,812	

TABLE IV.

AVERAGE PERCENTAGE OF DAILY BED OCCUPANCY

For Fiscal Year Ending April 30th, 1935

Hospital	Percentage
Central Tuberculosis Clinic	100
Manitoba Sanatorium	93
Sacred Heart	88
Winnipeg General	87
Dauphin General	82
St. Boniface Sanatorium	75
Convalescent	75
St. Boniface General	74
Freemasons'	71
Carman General	69
Lady Minto	68
Birtle General (St. Mary's)	67
St. Joseph's	66
Children's	63
Victoria	63
Shoal Lake Municipal	62
Grace	60
St. Roch's	57
Deloraine Memorial	56
Misericordia	56
Swan River	53
Municipal	52
Pine Falls	52
Hunter	51
Portage la Prairie General	49
Virden	48
Elizabeth M. Crowe Memorial	44
Selkirk General	42
Vita General	42
Neepawa General	40
Hamiota Municipal	39
Gladstone General	38
Brandon General	37
Concordia	35
Souris and Glenwood Memorial	31
Grandview	30
St. Anthony's	30
Ethelbert General	29

Annual Report Psychopathic Hospital

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg.

February 7th, 1936.

Sir:

I beg to submit herewith a report on the work of the Psychopathic Hospital for the year ending April 30th, 1935.

GENERAL STATISTICS

	Men	Women	Total
Number of patients in hospital April 30th, 1934	13	15	28
Admitted: May 1st, 1934, to April 30th, 1935	184	165	349
First Admissions	145	118	263
Re-admissions	39	47	86
General Admissions	101	112	213
Voluntary	6	4	10
Committed	75	44	119
Through Immigration Authorities	0	1	1
Transferred from Selkirk	1	1	2
Retaken from Probation	1	3	4
Total patients under treatment	197	180	377
Average daily population	-----	-----	26.32
Rated Capacity	16	16	32
Average duration of stay in days	-----	-----	25.62
Discharges:		----	
Total cases discharged	185	166	351
Transfers—Selkirk Mental Hospital	76	69	145
Brandon Mental Hospital	16	13	29
Winnipeg General Hospital	6	3	9
Convalescent Hospital	3	3	6
Grace Hospital	0	1	1
Hospice Tache	2	0	2
Police	6	0	6
Social Welfare Commission	1	1	2
Red Cross	0	1	1
Manitoba School	0	2	2
To— Relatives	46	50	96
Relatives against advice	7	17	24
Own Control	18	3	21
As— “recovered”	12	15	27
“much improved”	21	16	37
“improved”	26	33	59
“not insane”	21	6	27
“unimproved”	101	93	194
Deaths	4	3	7
Mortality Rate	-----	-----	1.86
Remaining in hospital April 30th, 1935	14	12	26

In spite of a decrease in the total number of patients admitted and the total number under treatment, the actual number of patients' days increased by 799, meaning that on the average, patients were retained somewhat longer in hospital. This, in so far as it was not due to delay in arranging admission of patients to the Provincial Mental Hospitals, represented a move toward the restitution of this hospital to its original purpose of an institution for treatment.

ADMISSIONS

Of the admissions during the year, nearly 25 per cent were readmissions, that is, they had been patients in this hospital on at least one previous occasion. Two hundred and sixty-three, or slightly more than 75 per cent, were first admissions. There was a slight preponderance of male admissions but the reason for this may be owing to inability to transfer chronic cases among women. Our available "female" beds were occupied by patients for a longer time than should be, and thus admissions reduced in number.

The average duration of stay increased by about four days, partly due to the reason just mentioned. An effort at selecting patients for transfer to other hospitals is made, but owing to the heavy pressure from waiting cases, we are unable to give even hopeful cases the full time they should have.

The proportion of cases admitted by magistrates' commitment, was practically the same as in the previous year, and one can only repeat what was said in the last report concerning this. In addition there appears to be among the public, a diminishing willingness to patiently care for patients until such time as a vacancy here occurs. Unable to effect admittance at once, they simply turn the case over to the police. Rather than have such unfortunates housed in the Gaol where they certainly do not belong, we admit them. With the number of possible admissions restricted, such action is disappointing to the more tolerant people who have been waiting to gain admission for the patient in whom they are interested. This disappointment frequently results in undeserved rebuke of the hospital officials who are powerless to prevent the aggravating occurrence.

DISCHARGES

Of the 351 patients discharged, those considered as "recovered" again decreased in number, and probably again for the reason mentioned in the last report, viz., necessity for too early transfer. The number "improved" or "much improved" showed a slight increase over the previous year. The proportion transferred to other mental hospitals increased somewhat as might be expected.

There were no "escapes" during the year.

DEATHS

Seven deaths occurred during the year. The mortality rate, 1.86, is the lowest on record in this hospital. In five cases death was directly related to the mental state for which the patient was receiving treatment—two were not so related.

No suicides occurred during the year.

CLASSIFICATION

Tables of classification of types of mental disease exhibited by patients are omitted as being of technical interest only. In any case the preponderating types change little from year to year.

CLINICAL SERVICE

There were no changes in the clinical staff during the year.

Any difficulties experienced in relationship with other hospitals, and generally they have not been serious, have resulted from our inability to promptly take over from their wards, cases which from their nature belong in this hospital.

The Winnipeg General Hospital has been the one most inconvenienced, but understanding of the general situation has resulted in a noteworthy degree of tolerance.

NURSING SERVICE

The supervising staff was unchanged in numbers or personnel. Owing to shortage in pupil nurses available, the General Hospital has substituted graduates for short periods. Student nurses have continued to come for a period of training. A total of 39 received this training as compared with 59 last year and 62 the year before.

SOCIAL SERVICE

The impossibility of this department keeping abreast of its rightful function is again demonstrated. A total of 200 original investigations and 65 "after care" visits shows some decrease from last year's figures of 295 and 60 respectively.

OCCUPATIONAL DEPARTMENT

This department has continued its work throughout the year with, as was noted in last report, more individual attention for patients. Ninety female and 77 male patients were referred to the department and 84 articles were completed in addition to the repair of many articles used in hospital.

EDUCATIONAL WORK

As in former years, student nurses and medical students have received instruction and experience in this hospital. Physicians of the staff co-operated in the series of Broadcasts sponsored by the Department of Health and Public Welfare. As heretofore, there have been a number of requests for addresses to public bodies and these have been supplied in most instances. The Director addressed the combined meeting of the Ontario and Manitoba Medical Associations in Fort William in May, the Ontario Neuropsychiatric Association at Whitby, Ontario, in June, and was Joint Chairman of the section on Nervous and Mental Disease at the combined meeting of the Canadian and American Medical Association, Atlantic City, in June.

REPAIRS AND REQUIREMENTS

Some repairs of plastering were done but the areas repaired were not repainted. This mars the appearance of the corridors and wards and should be attended to. The whole institution really requires re-decorating and, as noted last year, the floor of the basement corridor should be re-surfaced to forestall further disintegration.

Attempts to keep within the prescribed limit of patient population caused difficulty and it will be noted that the average daily population increased by 2. There is not the slightest likelihood of our difficulties lessening, in fact, the prospect is that they will increase since we are once more very close to the upper limit of capacity at Selkirk. This will mean that chronic institutional cases will accumulate here and prevent the admission of new patients.

Throughout the year the loyalty and faithfulness of the staff have been unfailing.

From all Government officials and departments we have received co-operation that leaves nothing to be desired.

I have to honor to be, sir,

Your obedient servant,

A. T. MATHERS.

Provincial Psychiatrist.

Annual Report Brandon Hospital for Mental Diseases

Brandon, Man.,
July 8, 1935.

A. T. Mathers, M.D., F.R.C.P.,
Provincial Psychiatrist,
Winnipeg, Man.

Sir:

I have the honor to submit herewith the forty-fifth Annual Report of the Brandon Hospital for Mental Diseases for the fiscal year ending April 30, 1935.

On May 1, 1934, there were 1,244 patients in residence, 703 males and 541 females. The year closed with 1,304 patients on the register, 719 men and 585 women. The increase of 60 was considerably higher than has been experienced in any recent year and was accounted for to a large extent by the transfer of 20 female patients from Selkirk Hospital for Mental Diseases. All these cases were chronic institutional cases admitting of no discharge. The total number treated throughout the year was 1,454.

There were 157 first admissions and 53 re-admissions. The former decreased by 5 and the latter showed an increase of 8.

The voluntary form of admission was little used, while the number admitted on medical certificate was the same as during the year preceding. The fact that a patient enters hospital by commitment of a judicial authority does not necessarily mean that such patient has been subject to court proceedings. More often than not the court authorities do not see the patient for formal examination. The proportion of patients transferred from the Psychopathic Hospital in Winnipeg was greatly reduced, accounting for only 11.8% of total admissions. This was no doubt due to the recognition of the already overcrowded condition of our wards.

The Canadian-born admitted decreased by over 8%, but nevertheless accounted for slightly over half the total admissions. The numbers from Great Britain and Ireland increased sharply from 16.90% to 24.76%. The remaining 24.76% were of foreign birth, the largest contributor of this last group being Poland with 10%.

It is perhaps interesting to note that of the total residents remaining at the end of the year 43.64% are Canadian-born, 22.73% from Great Britain and Ireland and 33.63% are foreign-born, Poland again accounting for 12.50%.

Age Incidence.

The largest number of patients admitted were in the fourth decade of life, while the third and fifth decades each accounted for approximately as many. Eighty-three patients were over fifty years of age and one notes the increasing number of aged folk who are finding it difficult, during their years of mental enfeeblement, to adjust adequately outside institution. The probable explanation is that economic stress of the healthy members of the family makes it almost impossible for them to care for their aged ones and at the same time earn their own livelihood.

Classification of first admissions was as follows: Schizophrenia 45.23% (this is unusually high due to the fact that all patients admitted on transfer from Selkirk were in this group); Manic-Depressive Psychoses, 9.26%; Psychosis with Cerebral

Arteriosclerosis, 10.19%; Senile Psychoses, 6.37%; Paranoia and Paranoid States, 5.74%; Without Psychosis, 3.28%.

The average daily number of patients in residence since 1919-1920 is as follows:

1919-20	749		1927-28	1,076	Increase	38
1920-21	787	increase 38	1928-29	1,112	"	36
1921-22	837	" 50	1929-30	1,155	"	43
1922-23	865	" 28	1930-31	1,177	"	22
1923-24	908	" 43	1931-32	1,186	"	9
1924-25	934	" 26	1932-33	1,190	"	4
1925-26	982	" 48	1933-34	1,220	"	30
1926-27	1,038	" 56	1934-35	1,278	"	58

Separations.

The separations totalled 150, 88 being discharged, 1 transferred to Portage la Prairie, 4 were deported, 3 eloped and 54 died. Of those discharged 34% were recovered, 27.2% much improved, 22.7% slightly improved, 12.3% unimproved, 3.4% as non-psychotic.

Deaths.

Total deaths for the year were 54, or 3.7% of total patients treated. This was a slight increase over last year. Organic disease of the central nervous system accounted for 27.7%, Pulmonary disease 33.3%, and tuberculosis 12.9%. We are fortunate in not having to report any deaths from suicide this year.

Accidents.

There were 14 major injuries among patients. There were three fractures of the femur, all occurring in elderly people receiving accidental falls for which no responsibility could be placed. One patient died a short time following. The remaining accidents did not result in disability of prolonged or permanent nature. There were two rather severe burns due to epileptic patients falling against steam pipes. Exposed radiators and pipes have been covered to a great extent and further protection is being carried out, especially upon wards where known epileptics are quartered. Occasionally seizures occur, as in one of the two cases in question, in persons not previously known to be subject to attacks of epilepsy. We have to report numerous suicidal attempts, none of which, however, proved successful.

General Health.

There has been no serious epidemic disease during the year. Four sporadic cases of typhoid appeared which we attribute to carrier infection. The clinical course of the disease was atypical, probably for two reasons, one that all patients had received prophylactic T.A.B. vaccine, and the second, that the responsible organism on culture in three different laboratories was somewhat atypical. All these convalescent cases and known carriers have been isolated in special quarters with separate toilet, sleeping and dining facilities. We hope this may with routine and wholesale vaccination prevent any serious outbreak.

The female staff lost 429 days and the male staff 505 through illness. The illness amongst the male staff in particular involved a few persons who had chronic forms of organic disease involving prolonged convalescence. I refer to three, Mr. John Rees with sciatica, Mr. David Reid with coronary occlusion, and Mr. Bruce Anderson who suffers periodically with cardio-renal disease. As usual the major portion of the sick leave was granted to a comparatively small number of the staff,

e.g., 7 men accounted for 428 days' sickness, while the remainder averaged less than 1 day's illness throughout the year. One member of our staff, Mr. Frank Berry, former janitor of the Colony Building, died suddenly on Oct. 18, 1934, from coronary sclerosis. He was a valuable and faithful employee and his passing was deeply regretted by all members of the staff.

Clinical and Medical Work.

The usual bi-weekly conferences have been continued for review and classification of patients. Profitable discussions relative to the administrative aspects of the clinical work have taken place at those meetings in addition to which autopsy reports and current literature reviews are presented.

There has been further expansion and development in the fields of occupational and recreational activities, Mental Health clinics and research. Considerable progress has also been made towards renovations and enlargement of the female infirmary with provision for isolation of infectious disease cases and provision of adequate service rooms.

The active work of Dr. Schultz, who has been in charge of the occupational and recreational activities, has resulted in most gratifying results. Three additional occupational classes have been organized in the chronic male and female services with a total daily average attendance of 136.

A very creditable attempt has been made to closely supervise all patients working in the outdoor and indoor industries of the institution by keeping daily time sheets. Monthly reports were made out by the supervisors of each ward and by the sub-heads of all departments such as laundry, kitchens, farm and mechanical departments. From these reports it was possible to estimate the value of patient labor. It was conservatively estimated that it would take 162 paid staff to accomplish the work performed by 733 patients who worked a total of 748,648 hours. These patients therefore contributed to their maintenance to the extent of \$124,637.48.

A lecture and demonstration course of 20 periods on Occupational Therapy was given by the therapists and Dr. Schultz. Classes were attended by ward supervisors and first year pupil nurses.

Parole is associated closely with occupation and recreation and we find a further substantial increase this year in the number of patients granted parole privileges; the latest figures showing 91 on group parole and 177 on single parole.

Financially the formal class will show a profit of \$225.58. The printing alone was estimated by the Brandon Sun Office job department to show a commercial value of \$400.00.

Organized Sport.

Patients: Patients' Annual Field Day, May 24th, many patients taking part. Patients' Soccer League, three teams which play matches every Saturday afternoon during the summer.

Staff: There are three active clubs, curling, softball, tennis, each with from 50 to 70 members. These clubs are important factors in maintaining the health of the staff. Two new tennis courts are being built this year.

Entertainment.

Talking pictures are presented weekly. Patients' Dances are held twice monthly during the winter months. The Brandon Fair was attended by over three hundred patients. Concerts and Concert Parties: May 14, 1934, Mrs. Bertrand's Concert

Party; Nov. 29, 1934, Miss Mabel Yeomans Dance Revue; Dec. 10, 1934, Brockie's Concert Party; Dec. 22, 1934, Dickens' Christmas Carol, Mental Hospital Players; Jan. 9, 1935, Workers' Dinner; Feb. 7, 1935, First Church United Choir, Mr. John Davies; Feb. 14, 1935, St. George's Church; Feb. 21, 1935, Unemployed Concert Party; Apr. 17, 1935, Mrs. Bertrand's Concert Party.

Future Plans.

Rooms reserved for Occupational Therapy in the new building at the Colony will provide a much needed outlet in winter for the chronic male patient. It is hoped to open a toy, a tailor and a cobbler shop. In the summer gardening may be carried on.

Mental Health Service.

I am grateful also to quote from the report of Dr. D. E. Cameron, physician in charge of out-patient work. I am in hearty agreement with the efforts of this part of the service which has developed beyond our expectations and I feel on an essentially sound basis.

"During the last fiscal year there has been further development of the Mental Health Service. The Central Clinic in Brandon has been carried on weekly as before. At the Clinic there were 366 appointments with patients and there were 325 other interviews with friends, relatives, physicians and social workers. The Public Health nurses attached to the Brandon Health Unit made 217 home visits, and in addition 86 home visits were undertaken by the school teachers. We have endeavoured to stress to the teachers both here and in the outlying clinics, the necessity of considering themselves an integral and indeed very active part of the Mental Health Service, insofar that they can do more than almost any other agency to assist us in carrying out our plans for the care of the child. We are glad to record that we have had excellent co-operation both from the teachers and the School Boards of all districts which we have visited.

"The development of the outlying clinics was temporarily halted during the early part of the fiscal year through the lack of a Clinic nurse. This need, however, was met later by the appointment of Miss Vance, a former Public Health nurse who had had special training in this hospital. With her assistance we have been able to continue development and organization. We again held our Clinics at Minnedosa, Russell, Virden, Dauphin, Souris, and in addition new clinics were established at Boissevain and Shoal Lake. Seventy-eight appointments were arranged at these clinics.

"During the last three or four years our policy has been that of expansion. We feel now, however, that before further development is contemplated there should be consolidation of the clinics already established. We are proposing to establish a further clinic at Killarney and possibly at Carberry, but with this exception, we feel that our main work should lie in the development of the present clinics. This consolidation is proceeding along the following lines: Firstly, greater continuity of contact between the clinic and the community. This we have been building up by means of follow-up letters to teachers and relatives, greater frequency of clinics in each particular area, and follow-up work through our clinic nurse. Secondly, by means of attempts to get in touch with and interest local youth organizations such as Cubs, Scouts, Guides, Brownies and C.G.I.T. Thirdly by means of educational efforts. We are working towards this end through the development of a mailing list of persons who are interested in keeping abreast with Mental Health topics. We have also undertaken the presentation of some of the more pressing problems of Mental Health at meetings of such bodies as W.I. and U.F.M. The

usual lectures to the students of the Brandon College and of the Normal School were given last year.

"In addition to the lines of development already mentioned, we consider that there are certain special problems which are urgently in need of practical solution before further expansion can be profitably undertaken. The first of these is:

"1. The development of some simple time-economical method of getting in touch with the retarded and problem children in the immediate pre-school period or, at most, before they have been in school more than two or three months;

"2. An economical and efficient means of providing Special Class training for these children. We have been at pains to present the necessity of such training to the School authorities in the various districts which we have visited, but so far the present economic stress has stood in the way of any wide adoption of Special Classes;

"3. We feel that it is extremely desirable that means should be evolved whereby the retarded child may be placed in work after he leaves school. Failure to do so has, in our experience, again and again resulted in the adolescent becoming a social problem.

"4. The fourth major problem for solution is the development of better means of access to the unorganized public. The public, insofar as it is organized in the various associations (U.F.M., W.I., Nursing Associations, Medical Societies, and further organizations) is relatively easy of approach, and thus can be more easily educated. It is hardly necessary to point out that it is precisely the unorganized public who are specially necessitous of Mental Health education.

"5. The last major problem which we feel requires special study is that of eugenics, under which, of course, we include sterilization, contraceptive information, and the propaganda of knowledge as to the role played by inheritance and the influence of mentally defective and mentally diseased persons in the home.

"It is a pleasure to record the continued co-operation and help afforded us by the Public Health Nurses, the Brandon Health Unit, the various School Boards and teachers. We also wish to mention the very valuable assistance given us by the Juvenile Court authorities, the Child Welfare and the Children's Aid. During the last year the clinics were afforded invaluable assistance by Miss K. Condell, M.A., Miss Laura Douglas, and Miss Winifred Harvey."

Pathological and X-Ray Departments.

In commenting on this valuable department of our work I quote largely from Dr. Noel Rawson's report. It will readily be seen that in addition to the usual routine procedure carried out in former years, more emphasis is placed upon the preventive aspect of medicine.

"The quality of the milk supply to the hospital is under the constant supervision of this department. At present half the supply is from the home farm, half through the agency of Mr. Morgan. Both supplies have maintained with few exceptions a satisfactory standard. Conditions at the home farm are good, considering the difficulties involved. Recommendations have been made to improve them but the Provincial Director of the Division of Food Control, Dr. W. A. Shoults, has promised an early visit. It will be advisable to keep a keen supervision on the farms from which Mr. Morgan derives his supply till such time as the home farm can yield the whole amount. The pasteurizing plant is efficient and well controlled. Reports on the milk treated have been uniformly excellent. Also the samples of

milk received each week from the kitchens show that the storage is well conducted. The counts after 21 hours have of late compared favorably with those of samples retained in the laboratory ice-box for a similar length of time. Samples of the milk purveyed in the City of Brandon are also brought for examination to the laboratory each month.

"Our examination of the water supply indicates the constant absence of gas-forming organisms from the treated water and a fairly low bacterial content save during the summer months.

"The problem of typhoid and dysenteric infection among the inmates of the hospital is under investigation with the assistance of Dr. Fred Cadham, Provincial Bacteriologist, and Dr. M. N. Brown, of the School of Hygiene, Toronto. Fortunately, the incidence of these infections is not high, but the constant presence demands ever present vigilance in a difficult matter that may otherwise become serious. The inmates of the hospital have recently received the biennial inoculation with T.A.B. vaccine from their physicians, while the members of the staff have received it in the laboratory.

"More intensive study of the brains in persons dying in acute excitement is being attempted, but with the present staff and the diversity of the routine demands, there is little time for research.

"One of the smaller rooms has been placed at the disposal of Dr. Cameron who has been carrying out intensive experimental investigation into the behaviour of guinea pigs under continued frustration and into the effect of red light in the growth and development of white mice. Both these researches promise to be of distinct benefit to psychiatry. He is also pursuing the study of tissue cultures.

"Dr. Little has continued his research on the condition of the blood in disturbed and profoundly intoxicated patients.

"Valuable assistance has been rendered by Dr. Stewart and Dr. Ross, of the Manitoba Sanatorium, in the interpretation of X-Ray plates, and by Dr. Peirce, of Brandon, in that of microscopic sections. To all these we would express our keen appreciation of their ever generous help and advice in matters of difficulty."

I would like at this time to mention the splendid contribution made by Dr. Mary McKenzie who vacated the post of pathologist to be married during the year.

Summary of Public Health Work Done in Manitoba Hospital Laboratory.

The hospital laboratory has continued for doctors in the Western part of the Province, Public Health Services and during the past year carried out the following work:

Samples examined culturally:

1. Milk	283 (1150 cultures)
2. Water	14 (42 cultures)
3. Ice	6 (18 cultures)
4. Throat Swabs	98
5. Nasal secretion	1
6. Blood	12
7. Spinal fluid	6
8. Faeces	4
9. Urine	2
10. Pus	4
Autogenous vaccines prepared	3

Smears examined:

Cervical	88
Vagina	14
Urethra	13
Cerebrospinal fluid	17
Blood	1
Agglutination (Widal) tests	3
Basal metabolic rate	1

Wassermann Reaction Tests:

Blood	229
Cerebrospinal fluid	14

Other tests on cerebrospinal fluid:

Cell counts	18
Globulin	16
Takata Ara	14
Colloidal gold	13
Colloidal mastic	10
Sugar estimation	3

Blood counts	4
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Blood urea—nitrogen estimation	4
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sugar estimation	3
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Erythrocyte sedimentation	1
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Coagulation rate	1
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Icterus index	1
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Reticulocyte count	1
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Pathological specimens examined	30
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Guinea pigs inoculated for T.B. test	12
--	----

Blocks embedded	107
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Sections cut and stained	197
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Biologics supplied to outside points:

Diphtheria toxoid	7—1 person packages.
Diphtheria antitoxin	3—5,000 unit packages.
Scarlet fever antitoxin	10 prophylactic doses.
	11 treatment doses.
Small-pox vaccine	25 points.
T.A.B. vaccine	6—10 c.c. vials.
Tetanus antitoxin	3—1500 unit packages.
	3—5000 unit packages.
Poliomyelitis serum	2—vials.

Surgical Work.

The surgical service has continued satisfactorily due to the energy and vigilance of our own staff assisted by the consulting staff from Brandon City. The volume of work approximates that of other years.

Summary of work:

Trays to wards	422
Dressings	614
Minor Surgery	97
Major Surgery	15
General Anaesthetics	22
Intravenous injections	168

Intramuscular injections	171
Physical examinations	63
Spinal punctures	45
Eye examinations	35
Eye treatments	8
Ear examinations	30
Ear treatments	32
Nose and throat examinations	28
Pelvic examinations	78
Rectal examinations	5
Plaster casts	7
Aspirations	3
Spinal anaesthetics	4
Eye and Ear clinic	3
Pneumothorax	7
Typhoid inoculations	1,182

Dental Work.

This department has carried on most satisfactorily and to date the service of the institutional dentist on half-time basis is apparently meeting the need. The volume of work, which is of a high quality, shows a substantial increase over last year.

Summary of Work:

Visits	1,445	Cement filling	6
Resistive	15	Germicidal Kryptex filling	23
Extractions	1,362	Porcelaine filling	2
Anaesthetic-local	1,150	X-Rays	5
Anaesthetic-general	9	Dentures	33
Scaled and polished	746	Partial dentures	2
Gum treatment	361	Repair of dentures	11
Amalgam filling	73	Readjustment of dentures	24

Training School.

There are 39 undergraduates in training, 8 probationers and 41 graduate nurses on the staff, in addition to the official staff of the training school. Our staff of instructresses including the Superintendent of Nurses and those holding responsible positions on the nursing staff are with few exceptions trained in both general and mental nursing. Post-graduate study has continued with unabated enthusiasm and many applications are on file for future vacancies in these classes. Our nurses have had the advantage of pursuing a month of intensive work in Public Health nursing, and reports from the Director of Public Health Nursing in Winnipeg have shown that the work of our nurses is most acceptable.

Ten nurses received diplomas in mental nursing at the Graduation exercises held on May 9, 1935. The exercises were attended by an appreciative audience of Brandon citizens and relatives and friends of the nurses from distant parts. Dr. A. T. Mathers, Dean of the Faculty of Medicine, University of Manitoba, gave an inspiring address to the Graduates. Dr. D. A. Stewart presented the Blanche Eugenie Barager Memorial Medal and paid suitable tribute to the memory of Mrs. Barager. Dr. F. W. Jackson, Deputy Minister of Health, also attended and presented the prizes. Dr. S. J. S. Peirce, consulting pathologist and lecturer, occupied the chair.

General Library.

Three hundred and thirty-one new books were added at the commencement of

the year and approximately four hundred more are on order at present. The practice of affording easy access to reading material has been followed and we again acknowledge our indebtedness to private individuals who have donated current literature in the form of periodicals, especially to Mr. Lough, General Superintendent of the Western Mail Service. The "Brandon Sun" has been supplied from year to year gratis. The Winnipeg daily newspapers have been supplied at Departmental expense and have been eagerly read by numerous patients.

Medical Library.

Our supply of current medical journals has been kept up to standard and a few new books have been added. We acknowledge with thanks and pride the receipt of "Objective and Experimental Psychiatry," the author being Dr. D. E. Cameron, physician in charge of the Reception Service of this institution.

Religious Services.

Religious services continue to be well attended and are much appreciated. The local clergy of the respective denominational groups have rendered very willing and generous service. The choirs of all churches have frequently accompanied the pastors and add greatly to the pleasure and success of this fine work.

Accommodation and Alterations.

Work on the addition to the Colony Building was begun in November, 1934. This will provide accommodation for an additional 95 or 100 persons and relieve the terribly overcrowded condition of our male chronic service. It should be pointed out that no attempt should now be made to relieve congestion in other provincial institutions by transferring patients to Brandon. If such is done, the purpose for which the building has been erected would be defeated.

Alterations to the female infirmary previously mentioned are in progress and renovation of existing single rooms and provision of four new single rooms on the chronic male service.

The spur track from Barager Siding to the power house was completed and adds greatly to the ease and economy with which our fuel is handled.

The outside superstructure of the balconies of the Nurses' Home is badly in need of repair but I have the assurance of the Building Superintendent that this work will be undertaken this coming summer.

Experience has shown that slate roofing is a mistake in construction in Manitoba climate, and before many years it will be necessary to replace the slate roofs of the Reception Hospital, Nurses' Home and Colony Building with some form of fire-proof composition shingle.

We need urgently some provision for male attendant staff, a water softening plant and facilities for occupation work to house our mechanical shops. It is suggested that this latter need could be met by moving the former piggery to the site of the old carpenter shop west of the tennis courts, and with renovating it would house all our mechanical staff under one roof and provide excellent opportunities for the employment of a large number of patients.

Farm.

The farm continues to develop splendidly under the able management of Mr. Crawford. Overhead has been reduced and with suitable weather conditions further increases in revenue are anticipated. Our dairy herd is being steadily improved, and before long we hope to supply all or nearly all our milk demands. Agglutination

tests for infection with bacillus abortus are in progress and it will be necessary to do further weeding to obtain a thoroughly good herd. Mr. Crawford's report gives details of farm operations and these need no further comment here.

I am pleased to record the implementation of our recommendation, that all married men living outside the institution be given further financial assistance. This has resulted in a much improved attitude toward the administration.

In conclusion, please accept my sincere thanks for the kindly advice and assistance you have rendered at all times, and I wish also to convey to the Minister of Health and Public Welfare and his Deputy my sincere appreciation of their efforts and generous support in the interests of the institution.

The outstanding and loyal service of all members of the staff is greatly acknowledged.

I have the honor to be,

Sir,

Your obedient servant,

T. A. PINCOCK,

Medical Superintendent.

TABLE No 1.

THE MOVEMENT OF PATIENTS

From May 1, 1934, to April 30, 1935

	Male Female Total		
Remaining under treatment at May 1, 1934	703	541	1,244
First Admissions During the Year.			
	M.	F.	T.
From Psychopathic Hospital, Winnipeg	9	11	20
Other sources	40	14	54
General admissions	35	23	58
Voluntary	4	2	6
Transferred from Selkirk Mental Hospital ..	0	19	19
Readmissions.			
From Psychopathic Hospital, Winnipeg	3	1	4
Other sources	15	11	26
General admissions	7	2	9
From probation	3	8	11
From elopement	2	---	2
Voluntary	0	0	0
Transferred from Selkirk Mental Hospital	0	1	1
	118	92	210
Total number treated	821	633	1,454

				Male	Female	Total
Discharged:						
As recovered -----	21	9	30			
As much improved -----	18	6	24			
As improved -----	13	7	20			
As unimproved -----	4	7	11			
As not psychotic -----	3	0	3			
	—	—	—			
	59	29	88	59	29	88
Transferred:						
To Manitoba School, Portage la Prairie -----	0	1	1	0	1	1
Deported.						
To England -----	0	1	1			
To Holland -----	1	0	1			
To Poland -----	1	0	1			
To Sweden -----	1	0	1			
	—	—	—			
	3	1	4	3	1	4
Eloped				3	0	3
Died				37	17	54
Total number Discharged, Transferred, Deported, Eloped and						
Died during the year -----				102	48	150
Total number on Register April 30, 1935 -----				719	585	1,304

TABLE No. 2.

CLASSIFICATION OF FIRST ADMISSIONS ACCORDING TO DIAGNOSIS OF MENTAL DISEASE

	Male	Female	Totals	Percent.
Senile Psychoses	6	4	10	6.37
Psychoses with Cerebral Arteriosclerosis	14	2	16	10.19
General Paralysis	2	0	2	1.27
Alcoholic Psychoses	1	0	1	.63
Psychoses with other Somatic Disease			2	1.27
Cardiorenal disease	1	0	1	
Syphilis	0	1	1	
Manic-Depressive Psychoses			21	13.38
Manic type	2	0	2	
Depressive type	7	12	19	
Schizophrenia			71	45.23
Paranoid type	16	16	32	
Catatonic type	13	16	29	
Simple type	2	2	4	
Mixed type	0	1	1	
Undefined type	2	3	5	
Paranoia and Paranoid Conditions	8	1	9	5.74
Epileptic Psychosis	0	3	3	1.91
Psychoneuroses and Neuroses	2	0	2	1.27
Psychoses with Psychopathic Personality	2	1	3	1.91
Psychoses with Mental Deficiency	4	3	7	4.46
Undiagnosed Psychoses	1	3	4	2.55
Without Psychosis			6	3.82

	Male	Female	Totals	Percent.
Psychopathic Personality	1	0	1	
Mental deficiency	1	1	2	
Alcoholism	1	0	1	
Organic brain disease (?)	1	0	1	
Unclassified	1	0	1	
	88	69	157	157
				100.00

TABLE No. 3.

AGES OF PATIENTS ADMITTED

	Male	Female	Total
Under fifteen years	0	0	0
Fifteen to nineteen years	7	1	8
Twenty to twenty-nine years	26	13	39
Thirty to thirty-nine years	19	22	41
Forty to forty-nine years	20	19	39
Fifty to fifty-nine years	15	14	29
Sixty to sixty-one years	14	14	28
Seventy years and over	17	8	25
Unknown	0	1	1
	118	92	210

TABLE No 4.

PSYCHOSES OF PATIENTS DISCHARGED

	Rec.		Av. No.	M. Imp.		Imp.		Unimp.		Total
	M.	F.	Days in Hospital	M.	F.	M.	F.	M.	F.	
Senile Psychoses:										
Simple deterioration	--	--	-----	--	--	--	1	--	1	2
Psychoses with Cerebral Arteriosclerosis	--	--	-----	2	--	3	--	--	1	6
Alcoholic Psychoses	--	--	-----	1	--	--	--	--	--	1
Psychoses with other Somatic Disease:										
Vascular renal disease	--	--	-----	--	--	1	--	--	--	1
Manic-Depressive Psychoses:										
Manic type	5	2	331	4	1	--	2	--	1	15
Depressed type	3	4	143	3	3	2	1	--	--	16
Involutional Melancholia	1	--	2360	--	--	--	1	--	--	2
Schizophrenia:										
Paranoid type	--	--	-----	1	--	2	--	--	1	4
Catatonic type	4	2	166	3	1	--	--	--	--	10
Simple type	--	--	-----	1	--	--	--	--	--	1
Undefined type	3	1	1185	2	--	2	--	--	--	8
Paranoia and Paranoid Conditions	2	--	209	--	--	1	--	--	2	5

	Rec.		Days in	M. Imp.		Imp.		Unimp.		Total
	M.	F.	Hospital	M.	F.	M.	F.	M.	F.	
			Av. No.							
Epileptic Psychoses	--	--	-----	--	--	--	--	--	1	1
Psychoneuroses and Neuroses:										
Hysterical type	--	--	-----	--	--	1	--	--	--	1
Psychasthenic type	1	--	68	1	--	--	--	--	--	2
Neurasthenic type	--	--	-----	--	--	--	--	1	--	1
Psychoses with Psychopathic										
Personality	1	--	48	--	--	--	--	--	--	1
Psychoses with Mental										
Deficiency	--	--	-----	--	--	--	1	2	--	3
Undiagnosed Psychoses	1	--	103	--	1	--	1	--	--	3
Without Psychosis:										
Alcoholism	--	--	-----	--	--	--	--	1	--	1
Psychopathic personality	--	--	-----	--	--	1	--	--	--	1
Unclassified	M. 3	--	-----	--	--	--	--	--	--	3
	3	21	9	18	6	13	7	4	7	88

TABLE No. 5.

TOTAL PRODUCE FROM FARM AND GARDEN

Quantity	Description	Average Price	Amount
76 Lbs.	Asparagus	5c	\$ 3.80
3,793 "	Bacon	12c	455.16
9,513 "	Beef	4c	374.42
17,906 "	Beets	1/2 c	89.51
2,552 "	Beans	1/2 c	12.75
63,557 "	Cabbage	1/2 c	317.76
3,698 "	Cauliflower	1/2 c	18.48
1,388 Ears	Corn	1c	13.88
2,561 Lbs.	Cucumbers	1/2 c	12.80
3,408 "	Celery	1c	34.08
46,847 "	Carrots	1/2 c	234.20
871 "	Citron	1/2 c	4.35
612 "	Fruit	1c	6.12
4,609 Bunches	Lettuce	1/2 c	23.03
1,200 Lbs.	Melons	1/2 c	6.00
395 "	Marrows	1/2 c	4.97
2,862 "	Ham	12c	343.44
433,367 "	Milk	2c	8,667.34
11,538 "	Onions	1/2 c	178.41
4,728 "	Peas	3c	141.84
8,134 "	Parsnips	1/2 c	40.66
472 "	Parsley	1/2 c	2.36
25,084 "	Pork	5 1/2 c	1,383.98
397,873 "	Potatoes	1/2 c	1,989.32
16,361 "	Rhubarb	1/2 c	81.80
406 Bunches	Sage	1/2 c	2.03
3,458 Lbs.	Spinach	1/2 c	17.29
3,826 "	Swiss Chard	1/2 c	19.12
6,328 "	Tomatoes	1/2 c	31.63
37,314 "	Turnips	1/2 c	186.54
355 "	Veal	7c	24.85
4 Sacks	Bran	90c	3.60
			\$14,725.47

Annual Report

Selkirk Hospital for Mental Diseases

Selkirk, Manitoba,
May 1, 1936.

Dr. A. T. Mathers,
Provincial Psychiatrist,
Winnipeg, Manitoba.

Sir:

I beg to submit the Annual Report of the Selkirk Hospital for Mental Diseases for the year ending April 30, 1935. The statistical tables can be found attached to the Report.

There were in residence at the beginning of the year 472 males and 319 females—a total of 791. At the end of the year there were 494 males and 316 females—a total of 810, which is an increase of 19 over the preceding year. The total number under treatment during the year was 978—576 males and 402 females, an increase of 41 over the preceding year. The lowest number in residence was 783 on November 1, 1934, and the highest number 815 on April 23, 1935. The daily average for the year was 802.60 as against 773.68, an increase of 28.92.

Admissions: Total admissions numbered 160—88 males and 72 females. **First Admissions** were 116—64 males and 52 females. **Readmissions** were 44—24 males and 20 females.

The psychoses of First Admissions show that 39.15 per cent (57) were Dementia Praecox; 13.8 per cent (16) were Manic Depressive; 7.68 per cent (9) were Senile; 6.9 per cent (8) were with Cerebral Arteriosclerosis; 5.8 per cent (6) were General Paralysis of the Insane; and the remainder were small percentages of less frequent psychoses.

Nativity (all admissions): A summary of this table shows the nativity of admissions to be as follows:

Canada, Newfoundland and United States, 49.5%; Great Britain and Ireland, 19.4%; Europe, 31.1%.

Racial Distribution (First Admissions) is as follows: Slavonic, 31%; English, 28%; Scotch, 17%; French, 8% Irish, 8%; German, 8%. And the other races in much smaller proportions.

Age Distribution (First Admissions): Under 15 years, 2; 15 to 19 years, 7; 20 to 24 years 21; 25 to 29 years, 17; 30 to 34 years, 8; 35 to 39 years, 12; 40 to 44 years, 10; 45 to 49 years, 6; 50 to 54 years, 6; 55 to 59 years, 10; 60 to 64 years, 6; 65 to 69 years, 3; over 70 years, 8.

Educational Status (First Admissions) shows that 6 were illiterate; 19 were able to read and write; 70 had a Common School education; 19 had High School training, and 2 had reached University.

Environment (First Admissions) shows that 68 were from an urban environment and 48 from a rural environment.

Economic Condition (First Admissions) was recorded as follows: Dependent, 22; marginal, 82; and comfortable, 12.

Civil State (First Admissions) shows that 52 were single, 56 married and 8 widowed.

Re-admissions (First Admissions): The total number of re-admissions was 44—Males 24, Females 20. Of these 43% (19) belonged to the Manic Depressive group, and 30% (13) were classified as Dementia Praecox. The percentages of other psychoses were comparatively small, ranging from 2.2 to 4.5%.

Discharges: During the year there were discharged 29 Males and 28 Females, a total of 57, classified as follows:

“Recovered”, 14 (8.75%); “Much Improved”, 20 (12.5%); “Improved”, 17 (10.6%); “Unimproved”, 6 (approximately 4%). These percentages are based on the total admissions during the year.

Transfers: Twenty-one Patients, 1 Male and 20 Females were transferred to the Hospital for Mental Diseases, Brandon.

Deportations: Four patients were deported to their country of origin—3 Males and 1 Female.

Deaths: Forty-seven patients died during the year, 29 Males and 18 Females, a mortality rate of 4.8%. The total deaths in the prior year were 35, a mortality rate of 3.73%.

The principal psychoses represented among the deaths are Dementia Praecox, 13; with Cerebral Arteriosclerosis, 7; Senile, 6; Manic Depressive, 6; and General Paralysis, 4.

Respiratory diseases and cariovascular diseases continue to predominate as the immediate cause of death.

EX-SERVICE PATIENTS

The total number of patients maintained by the Department of Pensions and National Health decreased from 58 to 56 during the year. Four patients were admitted, 5 discharged and 1 died.

GENERAL HEALTH

At the beginning of the year an outbreak of Typhoid Fever occurred due to surface water polluting one of our wells, this water gaining entrance to the well as a result of the sewers being inadequate to carry it away at the spring break-up. Despite every effort it was not possible to learn anything definite as to the exact source of the water which was supposed to carry the infection.

The well which became polluted has been completely closed in, and drainage ditches have been altered to prevent overloading of the sewage system. All members of the staff and all patients were re-inoculated against typhoid infection.

The outbreak was confined to two females patients and five members of the staff. Unfortunately both female patients were definite cardiac cases and both succumbed, due largely to the cardiac disability rather than the typhoid infection. All members of the staff affected made satisfactory recoveries.

Outside of the above, the general health of the patients and staff has been reasonably good.

ACCIDENTS

During the year there were three deaths from accidental causes. One male

patient, No. 3417, and one female patient, No. 3781, died from suffocation during epileptic seizures. A male patient, No. 2788, died from fat embolism following fracture of the left tibia and fibula.

All epileptic patients are given special observation during the night, but as an extra precaution such patients are now provided with specially constructed pillows in which the patient's face cannot become buried.

Four female patients sustained fractures resulting from falls. In three good anatomical and functional results were obtained. In the other, patient No. 4870, an elderly arteriosclerotic woman who sustained an intercapsular fracture of the neck of the right femur, healing has not occurred, due in part to lack of any co-operation on the part of the patient, and as a result she is now bedridden.

MEDICAL WORK

No change was made in the Medical Staff during the year. The general medical work was maintained at a satisfactory level although the increases in admissions, the enlarging patient population and general congestion on the wards decreases the opportunity for personal contact with patients and lessens the efficiency of the general work of the physicians.

Staff medical conferences were held three times a week except during the summer months.

We continue without the services of a laboratory technician, and so this work is confined mainly to routine analyses which are done by the physicians, assisted by the surgical nurse. During the year there were 1,086 examinations and tests made.

Autopsies: Ten autopsies were performed. This is 21% of the deaths that occurred and compares with 20% last year.

DENTAL SERVICE

The hospital Dentist reports the following work done during the year:

Patients seen	728	Fillings Anaesthetics	101
Prophylaxis	281	New Dentures	17
Extractions	752	Remade Dentures	7
General Anaesthetics	5	Repair Dentures	11

TRAINING SCHOOL FOR NURSES

The course of training still continues to be three years, at the end of which time successful pupils are granted their diplomas in mental nursing. This year's Graduates numbered fourteen, including one nurse who had completed General Hospital training.

As forecast in the last Report, the number of pupil nurses admitted to the Training School is being gradually limited. Responsible posts are being filled by General Hospital graduates who have had satisfactory psychiatric nurse training.

OCCUPATIONAL THERAPY AND INDUSTRIAL WORK

With the resignation of the Occupational Therapist on June 21, 1934, it was deemed wise to close this Department, at least for the summer months. Since that time it has not been possible to secure a well qualified therapist to carry on this department, and no formal classroom work has been attempted. Its place has been

taken by more practical work distributed throughout the wards of the Hospital, which at the same time has been of economic benefit to the Institution.

As in former years, an increasingly large number of patients are being used in various departments of the Hospital, both inside and outside.

Sewing Room: The Sewing Room reports that 5,750 articles were made in addition to all mending and repairs.

The **Mattress Shop** reports 71 new mattresses made, 40 remade and 7 repaired. Thirty-six pillows were remade.

The Shoemaker (a patient) accomplished the following work: Soles and half soles numbered 223, heels 208, and minor repairs 283.

RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Divine services have been held regularly throughout the year.

Weekly dances and other entertainments have been provided for the patients. Radio entertainment has been much appreciated by patients and staff.

LIBRARY

The patients' library has been increased by 150 volumes, purchased by the Hospital.

CONSTRUCTION, ALTERATIONS, REPAIRS, IMPROVEMENTS, ETC.

All the changes forecast in the Report of last year were carried out. The pigery was torn down and rebuilt at the new farm site and the poultry buildings were transferred to the same area. The milk-room and the dairy barn were put into good condition and all milk is now taken care of in a satisfactory way. A propagating house, 40 x 20 feet was added to the greenhouse.

By taking two rooms from Ward 2 it was possible to make the necessary alterations required to give adequate office space, both clerical and medical. These changes have gone a long way towards facilitating the work, and were all carried out by our own mechanical staff.

More recently the refrigeration rooms in the Reception Hospital have been electrified by the installation of a Kelvinator, thus completing all unit kitchens with proper refrigeration.

During the year a spur track was constructed from the C.P.R. line to the Power House. This has markedly facilitated the handling of coal and has also resulted in a saving by obviating the necessity of purchasing horses and replacing worn out wagons, sleighs and harnesses.

The remainder of the work in this department has been confined to routine repairs.

The landscaping of the Hospital grounds is being proceeded with steadily.

ACCOMMODATION

At the last Report 820 beds were available. At this date ten additional beds have been added, making our total beds now 830. Even these would not have been sufficient to take care of the admissions were it not that in October of last year 20 female patients were transferred to Brandon. From now until the construction of a new unit at this Hospital it will be exceedingly difficult to cope with the demand which will in all probability be made. Every available space has now been given over to beds, and no hope can be entertained that additions may be possible.

NEEDS

The most pressing need will be that of accommodation for patients as set forth in the above paragraph.

FINANCIAL

The details of the finances are given in the Bursar's report which follows. This shows the gross and net per capita cost to be slightly lower than last year.

FARM

The report of the Farm Superintendent shows that all departments of this branch of the Hospital made favorable progress. There were very satisfactory yields in all crops. The dairy herd has been increased to 104 head and during the year there was an increase in milk production of 27,961 pounds. This has relieved a hitherto shortage of this commodity. The value of farm produce supplied to the institution was about ten percent higher than last year.

The lack of adequate storage facilities for field crops should be given immediate attention.

Conclusion: It is with grateful appreciation that I record the faithful manner in which all members of the staff have served the Hospital during the year.

To you, sir, and to the officials of the Department of Health and Public Welfare and Department of Public Works, I extend my sincere thanks for continued support and counsel in all matters pertaining to the administration of the Hospital.

I have the honor to be,

Sir,

Your obedient servant,

E. C. BARNES,

Medical Superintendent.

TABLE NO. 1.

GENERAL INFORMATION

1.	Date of opening as a Hospital for Mental Diseases, May 25, 1886.			
2.	Type of Institution . . . Provincial Hospital.			
3.	Hospital Plant:			
	Value of Hospital Plant as at April 30, 1935			\$2,605,790.43
	Total acreage of Hospital property (approximate)			1,061.9 acres.
	Acreage under cultivation during the year			411 acres.
4.	Medical Service:			
		Male	Female	Total
	Superintendent	1	---	1
	Assistant Physicians	3	---	3
		—	—	—
		4	---	4
5.	Employees on Pay Roll as at April 30, 1935, (not including physicians):			
		Male	Female	Total
	Graduate Nurses	3	13	16
	Other Nurses and			
	Attendants	43	33	76
	Other Employees	28	29	57
		—	—	—
		74	75	149
6.	Patients employed in general hospital work at date of Report:			
		Male	Female	Total
		299	101	400
7.	Patients in Institution:			
		Male	Female	Total
	At date of Report	494	316	810
	On Probation	17	19	36
8.	Average daily population for the year			802.60

TABLE NO. 2.

MOVEMENT OF PATIENT POPULATION

				Male	Female	Total
Remaining under treatment April 30th, 1934	-----			488	330	818
First Admissions for year ending April 30th, 1935:						
		M.	F.	T.		
1. From Psychopathic Hospital	-----	57	50	107		
2. Other Sources	-----	7	2	9	64	52 116

Readmissions:	M.	F.	T.	M.	F.	T.
1. From Psychopathic Hospital	19	19	38			
2. Other Sources	3	---	3			
3. Voluntary	2	1	3	24	20	44
				---	---	---
Total Admissions for year ending April 30th, 1935				88	72	160
Total under treatment during the year				576	402	978
Discharges during the year:						
	M.	F.	T.			
1. Recovered	8	6	14			
2. Much Improved	10	10	20			
3. Improved	9	8	17			
4. Unimproved	2	4	6	29	28	57
Deported	3	1	4			
Transferred	1	20	21			
Eloped	1	---	1			
Not Insane	2	---	2			
Died	29	18	47	36	39	75
Total Discharged, Deported, Transferred, Eloped, and Died				65	67	132
Remaining under treatment April 30th, 1935				511	335	846
Of which there are on Probation at April 30th, 1935				17	19	36
Leaving in residence April 30th, 1935				494	316	810

TABLE No. 3.

PSYCHOSES OF ADMISSIONS

PSYCHOSES	FIRST ADMISSIONS				%	RE-ADMISSIONS			%
	M.	F.	T.			M.	F.	T.	
Senile	5	4	9	7.68		---	---	---	---
With Cerebral Arteriosclerosis	5	3	8	6.9		1	---	1	2.2
General Paralysis	5	1	6	5.18		1	---	1	2.2
With other Brain or Nervous Disease	---	1	1	.8		---	---	---	---
Due to Drugs	---	---	---	---		1	---	1	2.2
With other Somatic Disease	2	---	2	1.73		---	---	---	---
Manic Depressive	6	10	16	13.8		11	8	19	43
Involutional Melancholia	1	3	4	3.45		---	2	2	4.5
Dementia Praecox	30	27	57	49.15		5	8	13	30.00
Paranoia and Parnoid Condition	1	---	1	.87		1	1	2	4.5
Epileptic	---	---	---	---		2	---	2	4.5
Psychoneuroses and Neuroses	---	3	3	2.59		1	---	1	2.2
With Psychopathic Personality	1	---	1	.87		1	1	2	2.2
With Mental Deficiency	1	---	1	.87		---	---	---	---
Undiagnosed	3	---	3	2.59		---	---	---	---
With Psychosis	4	---	4	3.45		---	---	---	---
	64	52	116	100.00		24	20	44	100.00

TABLE No. 5

PSYCHOSES OF RE-ADMISSIONS

PSYCHOSES	Male	Female	Total	%
With Cerebral Arteriosclerosis	1	----	1	2.2
General Paralysis of the Insane	1	----	1	2.2
Due to Drugs	1	----	1	2.2
Manic Depressive	11	8	19	43.
Involutional Melancholia	----	2	2	4.5
Dementia Praecox	5	8	13	30.00
Paranoia and Paranoid Condition	1	1	2	4.5
Epileptic	2	----	2	4.5
Psychoneuroses	1	----	1	2.2
With Psychopathic Personality	1	1	2	4.5
	24	20	44	100.00

TABLE No. 4 AGE OF FIRST ADMISSIONS CLASSIFIED AS TO PSYCHOSES

PSYCHOSES	Total			Under 15 Years			15-19 Years			20-24 Years			25-29 Years			30-34 Years			35-39 Years			40-44 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With Cerebral Arteriosclerosis	---	1	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1	1
General Paralysis of the Insane	2	---	2	---	---	---	---	---	---	---	---	---	---	---	---	1	---	1	---	---	---	---	---	---
With other Brain and Nervous Diseases	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With other Somatic Disease	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Manic Depressive	5	6	11	---	1	1	---	---	---	---	---	---	3	1	4	---	2	2	---	2	2	1	1	2
Involutional Melancholia	---	2	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1	1	---	1	1
Dementia Praecox	28	24	52	1	---	1	2	4	6	10	8	18	5	7	12	2	3	5	4	1	5	4	1	5
Paranoia and Paranoid Cond.	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Psychoneuroses and Neuroses	---	2	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	2	2	---	---	---
Psychoses with Psychopathic Personality	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1	---	1
Psychoses with Mental Deficiency	1	---	1	---	---	---	---	---	---	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---
Undiagnosed	2	---	2	---	---	---	---	---	---	---	---	---	1	---	1	---	---	---	---	1	---	---	---	---
Without Psychoses	3	---	3	1	---	1	---	---	---	2	---	2	---	---	---	---	---	---	---	---	---	---	---	---
	2	---	2	2	3	4	7	13	8	21	9	8	17	3	5	8	6	12	6	4	10	6	4	10

TABLE No. 4—Continued.

PSYCHOSES	Total			45-49 Years			50-54 Years			55-59 Years			60-64 Years			65-69 Years			Over 70 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	5	4	9	---	---	---	---	---	---	1	---	1	1	2	3	---	---	---	3	2	5
With Cerebral Arteriosclerosis	5	2	7	---	---	---	---	---	---	---	1	1	2	---	2	---	1	1	3	---	3
General Paralysis of the Insane	3	1	6	2	---	2	---	1	1	---	---	---	---	---	---	1	---	1	---	---	---
With other Brain or Nervous Disease	---	1	1	---	---	---	---	---	---	---	1	1	---	---	---	---	---	---	---	---	---
With other Somatic Disease	2	---	2	---	---	---	1	---	1	---	1	---	---	---	---	---	---	---	---	---	---
Manic Depressive	1	4	5	---	---	3	3	---	---	1	1	2	---	---	---	---	---	---	---	---	---
Involuntary Melancholia	1	1	2	---	---	---	---	1	1	---	---	1	---	---	---	---	---	---	---	---	---
Dementia Praecox	2	3	5	---	---	1	1	1	1	1	1	2	---	1	1	---	---	---	---	---	---
Paranoia and Paranoid Cond.	1	---	1	---	---	---	---	---	---	1	---	1	---	---	---	---	---	---	---	---	---
Psychoneuroses and Neuroses	---	1	1	---	---	---	---	---	---	---	---	---	---	---	---	---	1	1	---	---	---
Psychoses with Psychopathic Personality	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Psychoses with Mental Deficiency	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Undiagnosed	1	---	1	---	---	---	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---
Without Psychoses	1	---	1	---	---	---	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---
	64	52	116	2	4	6	4	2	6	6	4	10	3	3	6	1	2	3	6	2	8

DISCHARGES CLASSIFIED AS TO PSYCHOSES AND CONDITION ON DISCHARGE
(Exclusive of Transfers, Deportations and Elopements)

TABLE No. 6.

PSYCHOSES	Total			Recovered			Much Improved			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile -----	2	3	5	---	---	---	---	1	1	---	1	1	2	1	3
General Paralysis of the Insane -----	1	---	1	---	---	---	---	---	---	1	---	1	---	---	---
Due to Drugs -----	1	---	1	---	---	---	---	---	---	1	---	1	---	---	---
With other Somatic Disease -----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Manic Depressive -----	10	11	21	8	6	14	2	2	4	---	2	2	---	1	1
Involutional Melancholia -----	---	1	1	---	---	---	---	1	1	---	---	---	---	---	---
Dementia Praecox -----	11	11	22	---	---	---	6	6	12	5	3	8	---	2	2
Paranoia and Paranoid condition -----	1	---	1	---	---	---	---	---	---	1	---	1	---	---	---
Epileptic -----	1	1	2	---	---	---	1	---	1	---	1	1	---	---	---
Psychoneuroses and Neuroses -----	1	---	1	---	---	---	---	---	---	1	---	1	---	---	---
With Psychopathic Personality -----	---	1	1	---	---	---	---	---	---	---	1	1	---	---	---
With Mental Deficiency -----	1	---	1	---	---	---	1	---	1	---	---	---	---	---	---
	29	28	57	8	6	14	10	10	20	9	8	17	2	4	6

Annual Report Manitoba School for Mental Defectives

Portage la Prairie, Manitoba,

January 1, 1936.

Dr. A. T. Mathers,
Provincial Psychiatrist,
Psychopathic Hospital,
Winnipeg, Manitoba.

Sir:

Pursuant to the provisions of Section 8 of "The Mental Deficiency Act" I beg to present to you the Annual Report for the calendar year 1935.

Once again we regret our inability to report any outstanding progress with regard to the patient programme over that for the year 1934. This is due simply to the fact that there have been no provisions made, either with buildings or finance, to allow us to broaden our programme in any one respect. Until such time as there is a building program at this institution I think it can be understood that we are simply marking time and that Annual Reports will not be accounts of progress but rather of grimly hanging on to what we have. However, as we have many times said before, we do not wish this to be construed as pessimism but simply a plain statement of fact which is made necessary by the very difficult financial times.

I would once again, however, like to emphasize the difficulties that we have from day to day in trying to deal with a very much overcrowded institution. These difficulties are not growing less as time goes on but are increasing. Many times in the past in previous reports, by letter and personal interview I have pointed out the undesirable features arising out of this same overcrowding. Briefly once again they are that our classification of patients according to age and mental defect has been upset to such an extent that peace and good order are almost impossible. When one has patients of all ages and conditions mixed up together on the same ward, only difficulties can be anticipated. Our greatest difficulty is with the high-grade defective delinquents who not only keep the wards periodically in an uproar but disturb, irritate and generally interfere with the lower and quieter grades, not omitting personal violence, to such an extent that the whole patient population at times is unsettled, unhappy and open to dangerous accidents. I do not believe that there is any other solution than to provide special isolated quarters to segregate the high-grade defective delinquent. To many of them measures of procrastination only entice them to further undesirable behaviour and they very soon find out, under existing circumstances, how limited are our facilities for dealing with them. Consequently, during the past year particularly, the amount of noise, destruction and general havoc caused by these high-grade patients has been tremendous. From a moral point of view their presence amongst the remainder of the population is disastrous. Their language and ideas they broadcast in no uncertain terms, they teach the remainder of the patients undesirable habits and finally, to have this class of patient, both male and female, housed in the same building of such construction as ours is, gives rise to difficulties which can only be appreciated if one lives amongst them. This briefly outlines the most serious aspect of our housing of patients today. If it is expected that this institution is going to fulfill its place in the service as a training school, I think it is essential to recognize that our physical layout and facilities will have to

be radically changed before we can give the service that is expected of such an institution.

A resume of the statistical tables following sets forth the important features of the movement of patient population for the year.

The year commenced with 402 patients in residence, 182 males and 220 females, and closed with 395 patients, 177 males and 218 females. The total under treatment during the year was 415, 188 males and 227 females. The lowest number in residence was 392 (August 24, 1935), and the highest number 402 (January 1, 1935). The total average for the period was 396.46.

Admissions:—Admissions totalled 13 patients, 6 males and 7 females. Of these 12 were first admissions, 5 being males and 7 females. **Re-admissions** totalled 1 male. Of the first admissions 16 2/3% or 2 patients were classified as Morons, 50% or 6 patients as Imbeciles and 33 1/3% or 4 patients were classified as Idiots.

The fact that the institution only had a turnover of 13 patients during the year might indicate that it is seriously handicapped. There are many factors contributing to this. In the first place our accommodation is limited and it is practically only a death that provides a vacancy. Secondly, our program for educating or re-educating patients is not of sufficient scope to admit the educible patient and prepare them for discharge. Further than that, we have no scheme for supervising probations that are likely to be successful if put under much strain and of course there are economic factors under existing conditions that make it exceedingly difficult to re-socialize patients of any kind. The striking fact seems to me to be that the institution, even at the size that it is, cannot offer much under existing circumstances in the way of readjustment, or if one likes re-socialization of patients.

The Racial Origin showed the following classification in order of frequency:—Scotch 3, French 2, Slavonic 2, English 1, Irish 1, Hebrew 1, German 1, Scandinavian 1.

Ages as shown by the table are:—5 (5-9 years), 1 (15-19 years), 3 (20-24 years), 2 (35-39 years) and 1 (50-54 years).

Marital State showed all first admissions to be single.

Economic Status is as follows:—Dependent 5, Marginal 7.

The Environment Table shows that 5 were Urban dwellers and 7 Rural.

The Degree of Education attained was 10 Illiterate and 2 Read and Write.

Discharges occurred to a total of 5, 4 males and 1 female. The condition of all patients on discharge was unimproved.

Deaths totalled 14, 7 males and 7 females. The death rate based on the total under treatment during the year was 3.37%.

Nativity of Admissions:—

Canada	92.31%
Austria	7.69%

Probations:—Probations have been limited in number, the obvious reason being that opportunities have been few under which we felt that probation could be safely conducted. Those that were granted have worked out satisfactorily.

GENERAL HEALTH

During the year we have had no outbreaks of communicable disease. There also

has been an absence of serious disease of any other kind. This, we believe, is not due to simply fortune, but to the fact that a careful check of patients, the continuous application of preventative medicine and the hygienic control of the wards has kept up a comparatively high standard of health.

ACCIDENTS

We have rather a lengthy list of accidents, none of which we are glad to report are of exceedingly serious import. However, the increasing list of accidents does seem to me to bear out our contention that the overcrowding and the lack of classification of patients leads to many serious situations. A full record has been kept of each and every accident and can be examined at any time in the institutional files. I do not see that a detailed account of the accidents, many of them minor, would serve any good purpose in this present report.

MEDICAL WORK

The medical work, might we say, has been carried on with vigor during the past year and in this department we believe that we do not let any opportunities pass by that might further the best interests of the institution.

The Laboratory is an exceedingly useful and, one might say, almost indispensable department and an outline of the work done there in the past year is set forth in the following pages.

We are endeavoring gradually to build up a medical library and are adding such books that we believe are standard and within the buying power of our Appropriation as time goes on.

A course of lectures in psychiatry is being given to the nursing staff which we think is proving to be of interest to them and also of help in their daily work. The attendance at this course of lectures is purely voluntary and we are glad to say that we are receiving a generous response. As our female nursing staff at the present time is composed largely of Graduate Nurses from General Hospitals we believe that this course of instruction will be of value to many who may still pursue their private duty nursing if they leave the institution. We are also giving a course of lectures to the nurses at the Portage la Prairie General Hospital in psychiatry for the purpose that they may be able to write their R.N. examinations and conform to the standards of the R.N. degree insofar as instruction in psychiatry is concerned.

During the year 2 papers were prepared on some aspect of feeble-mindedness, one being published in a Journal and the other delivered before the Annual Meeting of the Manitoba Hospital Association. These few notations will probably give some indication of our activity and our concern that we keep abreast of the times and also the requirements of the institution insofar as the medical work is concerned. It will perhaps be readily recognized that there is a tremendous amount of routine and detail that has to be attended to.

If an increase in time is to be given to individual patients and more personal supervision given by the physicians to occupational and training programs, I think it must be patent that the number of physicians at the institution will have to be increased. It is common experience that any programs for training or educating patients that are started, if they are not followed by the close supervision of an interested physician they do not amount to anything of value.

The physicians of the institution also act as Consultants and give an out-patient service to the Children's Aid Society of Central Manitoba, the Portage la Prairie

Provincial Gaol, the Manitoba Home for Boys and to any physician who wishes to refer his cases for consultation.

Finally, we offer laboratory service to any physician in this district who wishes to avail himself of its use for the benefit of his patients and this service is given free of charge. We are glad to be able to report that we believe in connection with these general public health services that we are gradually building up a very satisfactory contact with the practising physicians in this area and are giving a service that is being called on more and more as time goes on. Also for the benefit of the physicians in this area and their patients, we maintain a central depot for dispensing vaccines, toxoids and antitoxins which are provided free under the public health service scheme of our Department.

LABORATORY REPORT

January 1, 1935 to December 31 1935.

Urinalyses:

Routine Urinalyses	278	Phenylhydrazine	2
Acetone Tests	262	24-hour Specimen	5
Bile Tests	2	Urobilinogen test	1
Urine smears	12		

Blood:

Red Cell Counts	114	Blood Sugar Estimations	5
White Cell Counts	181	Icterus Index	1
Sahli Haemoglobin Estimations....	114	Widal	49
White Cell Differential Counts....	185	Red Cell Sedimentation Estimation	21
Blood Urea Estimations	8	Cultures (Blood)	2

Smears:

Throat	39	Sputum	80
Urethral	16	Pus (finger eye, etc.)	16
Cervical	20	Prostatic	3
Vaginal	9		

Cultures:

Throat	37	Pus	16
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Fluids:

Spinal fluids	36	Patella	1
Pleural fluid	4		

Fungi:

Scales from body	3
------------------------	---

Faeces:

Ova	4	Gastric Analysis	3
Organisms	3	Post Mortems	14
Blood	8		

Wassermann Reactions:

(a) Blood	31	(b) Spinal fluid	3
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Preventative Medicine:

Anti syphilitic treatments:		Mantoux Tuberculin Reactions:			
Neosalvarsan "914"	134	1:10	dilution		4
Mercurosal	99	1:100	"		7
Bismuth	18	1:1,000	"		29
Administration of Vaccine:		1:10,000	"		1
(Asthma and Bronchitis)	37				

DENTAL REPORT

January 1, 1935 to December 31, 1935.

Patients seen	899
Extractions	424
Fillings	107
Teeth scaled and polished	678
Treatment (gums, etc.)	157
Anaesthetics:	
Local	149
General	2
Dentures	6 made
	2 relined
	1 repaired

PHARMACY

Original prescriptions	131
Repeat "	492

NURSING SERVICE

One believes that they are justified in stating that the nursing service rendered to the patients, both by the male and female staff, has gradually but surely increased in calibre and effectiveness. It is a great source of satisfaction to be able to report that although we cite many trying circumstances at the institution that the reaction of the nursing staff in the main to a great many difficulties and almost baffling situations has been on a plane in which one can find very little criticism. The fortitude and forbearance which they show generally in situations that require the highest type of personality is the one source of great satisfaction and comfort that the senior officers of the institution have. One does not mean by these statements that we are devoid of troubles entirely but it has always been our contention, if not a written one, that the higher type of employee,as it were, both as regards training and personality qualities that one can collect in an institution the safer and more economical will be the operation and the more satisfactory the results. I believe that there is every evidence to show that this contention is borne out by our experience.

It is to be sincerely hoped in the near future that we may be able to offer the nursing staff, both male and female, better working hours and better living quarters which we believe will still further increase their service to the patient and indirectly through the patient to the general public.

STAFF CHANGES

During the year there has been, we believe, a minimum of staff changes. On the male side of the house there have been very few changes. On the female side there were more and we are glad to be able to report that most of these changes were on a voluntary basis for good and sufficient personal reasons rather than resignations that were asked for or forced due to incompetence or other irregularities.

The main appointments in the senior staff were as follows:—

Miss Elsie Tickle was promoted to the position of Head Cook on June 1, 1935.

Mr. Thomas Simpson was promoted to the position of Supervisor on February 1, 1935.

GENERAL PATIENT ACTIVITIES

We regret that we cannot report any extension of note in the patient activities over that of a year ago. Our program remains much the same. It is only necessary briefly to once again remind you that these programs are not large enough in their scope or variety to include even our present patient population. However, such as we have, have undoubtedly contributed to a large extent to what success we may claim in the operation of the institution. The inclusion of the patients in every possible way in every activity of the institution has tended to keep them satisfied, healthy and orderly and in many instances the work that they have accomplished under supervision has been noteworthy. In the domestic operation of the institution, in the farm management, in the Craft Rooms, Mending Room and Laundry, the patients have contributed materially to their own maintenance.

From the recreational viewpoint, which we have said many times before should be an important feature in the program, they have only too limited an opportunity for recreation and play. When it is remembered that our population can be considered practically all children perhaps under the mental age of 12 years, one can see that recreation should be a stressed feature of the institutional program. We have encouraged and carried out as many outdoor sports as we could. Briefly the main recreational features of the institution at the present time are:—radio broadcasting is available, silent motion pictures, mixed card parties and dances, summer sports such as softball, football, horseshoes and occasionally a Sports Day. In the winter an open air skating rink, a special concert at Christmas time totally enacted by the patients under the direction of the staff and added to this we have been fortunate enough to have some outside agencies such as the Salvation Army Band, Portage la Prairie City Band and some private societies contribute to our entertainment.

During the past year, and it is fully intended to pursue the policy, the male patients have contributed notably to improvements in the grounds. A rather ambitious program of beautification of the grounds is in progress which we hope in the course of 2 or 3 years will bring about very pleasing results.

RECOMMENDATIONS

One hesitates at this time to enumerate definitely any certain recommendations, most of which have been presented on previous occasions perhaps many times but perhaps it will not be out of the way to once again stress two main points. The first is that it would seem necessary to meet existing needs to construct a main dormitory to house 200 patients. This construction would allow us to remove many undesirable features of our present scheme and would allow the separation of the two sexes in separate buildings. It would perhaps relieve the overcrowding and allow us once again to classify our patients properly and finally to provide additional accommodation for the urgent cases that are on our waiting list.

The second is the construction of a Nurses' Home and the installation of an 8-hour day for our employees. We know that this move is under serious consideration at the present time and we fervently hope that it will be possible for our Department to carry into effect this very necessary and justifiable change. Even a discussion of any further changes in the physical being of the institution or its policies must necessarily await the fulfilment of the two above matters because until they are

fulfilled it is not perhaps difficult to know what we need but it is not possible to definitely outline the actual installation or operation of subsequent programs.

ACKNOWLEDGMENTS

We would not like to complete this report without expressing our appreciation to all those who have contributed to the operation and maintenance of the institution. We are particularly glad to acknowledge visits from the Honourable, the Minister of Health and Public Welfare, Mr. I. B. Griffiths; the Deputy Minister, Dr. Jackson; the Building Superintendent, Mr. Parfitt and the Civil Service Commissioner, Mr. McCann. Visits from the departmental officials are looked forward to with anticipation by the whole institution and I believe have quite a definite stimulating effect on the staff in general to know, by the presence of these gentlemen and others as well, that a very definite and close interest is being taken in the operation and maintenance of the institution of which they are employees.

During the year we have had very many evidences of kindly interest shown from the general public and we would like to especially mention contributions to our entertainment by the Salvation Army, the Portage la Prairie City Band, Mrs. A. V. Garrioch, and Mrs. R. A. Johnston. From our sister institutions at Brandon and Selkirk also we have received the most kindly assistance at all times.

Finally, I would like to mention particularly the very courteous and kindly co-operation from Mr. W. R. Leslie, Superintendent of the Morden Dominion Experimental Farm. One could not imagine a more helpful and co-operative gentleman who has contributed to a large extent to the improvements of our grounds by the donation of shrubbery and trees.

To you, Sir, in conclusion I would like to express my own personal gratefulness for your assistance and kindness at all times and I would like to bring to your attention the efforts of my co-workers on the staff of the institution who have so largely contributed to any success we might claim for its operation. In commending to you their loyalty and efficiency, I feel that our institution will take its place with its sister institutions of Manitoba who themselves undoubtedly set a high standard.

Yours faithfully.

H. S. ATKINSON,

Medical Superintendent.

STATEMENT SHOWING PER CAPITA COST

1st January, 1935 to 31st December, 1935.

Operation and Maintenance:

Salaries	\$ 6,513.24
Fuel	15,404.50
Supplies and Expenses	9,611.69
Inventory Decrease	21.12
	—————\$ 31,550.55

Administration and Subsistence:

Salaries	45,004.69
Supplies	29,705.43
Clothing	4,543.94
Supplies and Expenses	16,731.82

Inventory Decrease	626.11	
		96,611.99
		<u>\$128,162.54</u>
Farm:		
Less Revenue in Excess of Expenditures		2,102.02
		<u>\$126,060.52</u>
Attendance:		
Month	Days	Patients
January	31	14,262
February	28	12,860
March	31	14,207
April	30	13,686
May	31	14,066
June	30	13,538
July	31	13,904
August	31	13,807
September	30	13,329
October	31	13,804
November	30	13,419
December	31	13,819
		<u>164,701</u>
Average number of patients per day		451.24
Average Cost per patient per day		76.54 cents
Revenue from patients (amount paid Treasury as per Fiscal Supervisor's Receipts)		\$63,675.80
Net Expenditures		\$62,384.72
Net cost per patient per day		37.3 cents

TABLE I

GENERAL INFORMATION

1. Date of opening of Institution	June, 1890		
2. Type of Institution—Provincial Institution for the care and training of the Feeble-minded.			
3. Institutional Plant:			
Value of Institutional Plant	\$671,335.33		
Total acreage of property	443		
Acreage under cultivation	283		
4. Medical Service:	Male	Female	Total
Superintendent	1	---	1
Assistant Physician	1	---	1
Dentist (part time)	1	---	1
	<u>3</u>	<u>---</u>	<u>3</u>

5. Employees on Pay Roll as at December 31, 1935
(not including Superintendent, Assistant Physi-
cian or Dentist):

	Male	Female	Total
Nurses and Attendants	27	27	54
All other employees	18	15	33
	—	—	—
	45	42	87
	—	—	—

6. Patients employed in all Institutional Depart- ments	58	94	152
7. Patients in Institution at date of Report:			
Mental Defectives	177	218	395
8. Average daily population for the year:			
Mental Defectives			396.46
Seniles and Incurables			54.78

TABLE II.

All details concerning finance may be found in the Public Accounts.

TABLE III.

MOVEMENT OF PATIENT POPULATION—MENTAL DEFECTIVES

	Male	Female	Total
Remaining under treatment January 1, 1935	182	220	402
First Admissions for year ending December 31, 1935:			
	Male	Female	Total
1. From Municipalities	5	6	11
2. Government Patients	—	1	1
3. Private Patients	—	—	—
		5	7
			12
Readmissions for year ending December 31, 1935:			
1. From Municipalities	1	—	1
2. Government Patients	—	—	—
3. Private Patients	—	—	—
		1	—
			1
Total Admissions for year ending December 31, 1935	6	7	13
Total under treatment during year	188	227	415
Discharges during the year:			
(a) Recovered	—	—	—
(b) Much Improved	—	—	—
(c) Improved	—	—	—
(d) Unimproved	4	1	5
		4	1
			5
Transfers	—	1	1
Deaths	7	7	14
		7	8
			15
Total Discharged, Transferred or Died	11	9	20
Remaining under Treatment, December 31, 1935	177	218	395

MENTAL CONDITION OF FIRST ADMISSIONS

Mental Condition	Male	Female	Total	Percentage
Morons -----	1	1	2	16.67
Imbeciles -----	3	3	6	50
Idiots -----	1	3	4	33.33
	<hr/>	<hr/>	<hr/>	<hr/>
Total -----	5	7	12	100.00

AGE OF FIRST ADMISSIONS CLASSIFIED AS TO MENTAL CONDITION

Mental Condition	Total			Under 5 Years			5-9 Years			15-19 Years			20-24 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Morons	1	1	2	---	---	---	---	---	---	---	1	1	---	---	---
Imbeciles	3	3	6	---	---	---	2	---	2	---	---	---	1	1	2
Idiots	1	3	4	---	---	---	1	2	3	---	---	---	---	1	1
Total	5	7	12	---	---	---	3	2	5	---	1	1	1	2	3

Mental Condition	25-29 Years			30-34 Years			35-39 Years			40 and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Morons	---	---	---	---	---	---	1	---	1	---	---	---
Imbeciles	---	---	---	---	---	---	---	1	1	---	1	1
Idiots	---	---	---	---	---	---	---	---	---	---	---	---
Total	---	---	---	---	---	---	1	1	2	---	1	1

DISCHARGES CLASSIFIED AS TO MENTAL CONDITION ON DISCHARGE
(EXCLUSIVE OF TRANSFERS AND PROBATIONS)

Mental Condition	M.	Total		Recovered			Improved			Unimproved			Percentage
		F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Morons -----	1	---	1	---	---	---	---	---	---	1	---	1	20%
Imbeciles -----	3	---	3	---	---	---	---	---	---	3	---	3	60%
Idiots -----	---	1	1	---	---	---	---	---	---	---	1	1	20%
Total -----	4	1	5	---	---	---	---	---	---	4	1	5	100%

TABLE VII. PROBATIONS

Reg. No.	Sex	Age	Mental Condition	Date of Probation	Length of Probation	Final Results
2333	Female	26	Imbecile	May 1, 1935	6 months	Returned to institution before completion of probation period.
2346	Male	17	Imbecile with Epilepsy	June 10, 1935	4 months	Discharged at completion of probation period.
2254	Male	20	Moron	September 12, 1935	3 months	Returned to institution before completion of probation period.
2385	Male	15	Moron	September 16, 1935	6 months	Still on probation.
1497	Female	32	Imbecile	December 23, 1935	1 month, 8 days	Still on probation.

TABLE VIII. TRANSFERS

Reg. No.	Sex	Age	Mental Condition	Date of Transfer	Transferred To
2318	Female	20	Moron	August 9, 1935	Brandon Hospital for Mental Diseases.

TABLE OF DEATHS

TABLE IX.

Reg. No.	Sex	Age	Mental Condition	Cause of Death	Time in School		
					Yrs.	Mos.	Days
1070	M.	24	Idiocy with Epilepsy	Pulmonary Tuberculosis—Miliary	18	5	16
2104	M.	33	Imbecile with Epilepsy	Status Epilepticus	5	11	10
2258	M.	49	Imbecile	Acute Encephalitis	3	9	4
2350	M.	5	Idiocy with Epilepsy	Status Epilepticus			
				Pulmonary Tuberculosis	2	2	0
2351	M.	53	Imbecile	Bronchopneumonia			
				Cellulitis of the neck—Carbuncle of the neck	2	3	29
2272	M.	43	Imbecile	Lobar Pneumonia	4	---	---
				Auricular Fibrillation			
2313	M.	12	Imbecile with Epilepsy	Status Epilepticus			
				Pulmonary Tuberculosis	3	5	9
157	F.	53	Imbecile with Epilepsy	Pulmonary Tuberculosis	36	7	20
1664	F.	19	Idiocy with Epilepsy	Pulmonary Tuberculosis	11	5	27
1085	F.	47	Idiocy	Acute Glomerular Nephritis	18	4	24
2261	F.	9	Idiocy	Pulmonary Tuberculosis	3	8	7
2088	F.	24	Idiocy with Epilepsy	Status Epilepticus	6	2	0
2231	F.	21	Imbecile	Acute Cerebral Congestion			
				Paralysis of Medulla Oblongata	4	1	24
175	F.	43	Idiocy with Epilepsy	Chronic Interstitial Nephritis	37	3	14

MOVEMENT OF PATIENT POPULATION—SENILES AND INCURABLES

	Male	Female	Total
Remaining under treatment January 1, 1935	58	---	58
Readmissions for year ending December 31, 1935	2	---	2
	—	—	—
Total under treatment during the year	60	---	60
Total deaths during the year	8	---	8
	—	—	—
Remaining under treatment December 31, 1935	52	---	52

TABLE OF DEATHS

Reg. No.	Sex	Age	Condition	Cause of Death	Time in Institution	
					Yrs.	Mos.
2125	M.	50	Incurable	Chronic Encephalitis Lethargica	5	7
28	M.	75	Senile	Carcinoma of the head of the Pancreas—Primary	19	3
2013	M.	78	Incurable	Arteriosclerosis	6	11
1269	M.	75	Incurable	Acute Cystitis	16	5
1680	M.	78	Senile	Cerebral Thrombosis	11	8
514	M.	96	Incurable	Carcinoma of the face	27	3
2033	M.	81	Senile	Arteriosclerosis	6	9
1710	M.	86	Incurable	Erysipelas of the face	11	5

Annual Report

Fiscal Supervisor of Public Institutions

May 1st, 1935

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Buildings.

Sir:

I have the honor to submit the following reports as Fiscal Supervisor of Public Institutions and Relief for the Fiscal Year ending April 30th, 1935.

Revenue received from May 1st, 1934, to April 30th, 1935, for maintenance of Provincial and outside patients, also Indians, Insane Convicts and Soldiers, in the Hospital for Mental Diseases, Brandon and Selkirk, also maintenance of patients in the Psychopathic Hospital, Winnipeg. Maintenance of Municipal and Provincial patients, Manitoba School, Portage la Prairie; also Farm and Sundry Revenue from the following institutions, amounted to \$218,183.32:

MAINTENANCE ACCOUNT

	12 Months' Period Ending April 30, 1935	12 Months' Period Ending April 30, 1934	Increase or Decrease
Brandon Hospital for Mental Diseases:			
Provincial and Private Patients.....	\$44,128.19	\$41,996.77	-
Indian Patients	2,385.34	1,853.45	
	\$46,513.53	\$43,850.22	\$2,663.31 Inc.
Selkirk Hospital for Mental Diseases:			
Provincial and Private Patients	26,492.28	25,448.46	
Indian Patients	2,980.39	3,144.20	
Soldiers	21,085.03	20,907.51	
Patients from other Provinces	334.00	378.00	
Insane Convicts	342.37	464.97	
	\$51,234.07	\$50,343.14	890.03 Inc.
Manitoba School, Portage la Prairie:			
Provincial Patients	\$ 4,994.50	\$ 6,483.68	
Municipal Patients	62,472.05	73,447.30	
----	\$67,466.55	\$79,930.98	12,464.43 Dec.
Psychopathic Hospital, Winnipeg:			
Provincial Patients	1,827.40	2,291.02	463.62 Dec.
	\$167,041.55	\$176,415.36	\$9,373.81 Dec.

At April 30th, 1935, there were the following accounts on our ledger with balances outstanding as shown below:

	Accounts	Outstanding Balances
Brandon Hospital for Mental Diseases	2567	\$3,371,485.83
Selkirk Hospital for Mental Diseases	1710	\$1,573,164.80
Home for Aged and Infirm, Portage	401	\$38,200.14
Psychopathic Hospital, Winnipeg	1416	\$182,069.15
	<hr/>	<hr/>
	6094	\$5,084,919.92

In analysing the above figures, it will be noted that there is a net decrease in revenue in comparison with the previous year, of \$6,009.86. This, however, is not correct to this extent; that the revenue received from the Manitoba School in the previous year took into consideration the sum of \$18,500.04 owed by the City of Winnipeg for maintenance outstanding in the previous year. Therefore, actually one could say that our revenue had been increased this year by the sum of \$12,490.18.

I think it is particularly pleasing that we were able to show such good results, when one considers that the depression continued throughout the year.

The estates of the Mentally Incompetent were able to pay the sum of \$1,043.90 more than the previous year, which also is satisfactory, when one takes into consideration that certain of the larger estates were able to pay the rate of \$1.00 per day in the year previous.

The Manitoba School, Portage la Prairie, showed a decrease in revenue of \$12,464.43. This, however, is explained above, and I may repeat that this Institution did not receive the City of Winnipeg payments to the extent of \$18,500.04 (outstanding the previous year). Therefore, the Institution actually showed an increase in revenue of \$6,033.61.

The Psychopathic Hospital again showed a slight decrease of \$463.62, which I presume is somewhat due to the fact that we do not receive these accounts until after the patient has been discharged from the Hospital three months.

The decrease in Farm Revenue of \$899.59, in the Hospital for Mental Diseases, Brandon, was due partly to failure of the crop, and the reverse can be said in regard to the Hospital for Mental Diseases, Selkirk, which showed an increase of \$2,503.32. The Manitoba School Farm also showed an increase of \$1,233.64.

A closer check was made of the persons legally liable to pay the maintenance cost of their relatives in these Institutions, and I am as much impressed as ever that the Section dealing with the Mental Diseases Act should be amended in order that the Department should be relieved of the responsibility of having to prove capability, as I have always stated it is exceedingly difficult to take any procedure through the Courts to force collection.

Unfortunately I must repeat that there are certain individuals who continue to take advantage of the situation, that should be compelled to realize their responsibility, and I feel that it is unfair, upon the general tax-payer at large, for him to be allowed to get away with it.

After giving much consideration over many years to these generally admitted difficult problems, I consider that our revenue would increase if discretionary power was given to the Department to set the rate to be paid according to the capability of each individual case. As it certainly tends to discourage those who are honest,

but find that they are incapable of paying over a period of time, to find themselves then placed in a position of facing a large bill far beyond their ability to meet. And I would respectfully suggest that serious consideration be given to this particular phase of the matter.

I hope next year we will be able to give a full report of the percentage of people who are paying in the Institution under different classifications; such as husbands; estates, and other relatives, but must say at this time that I feel there are many people who as usual look to the Government to bear the load, and we should make every effort to encourage these people to assume some of the burden themselves.

ADMISSIONS TO THE
MANITOBA SCHOOL, PORTAGE LA PRAIRIE,
HOME FOR AGED AND INFIRM, ST. BONIFACE,
SALVATION ARMY HOME, SUNSET LODGE,
SALVATION ARMY AGED MEN’S HOME,
INCURABLE WARD, ST. ANTHONY’S HOSPITAL,
INCURABLE WARD, OLD FOLKS’ HOME, MIDDLECHURCH

We have received during the Fiscal Year 212 applications for admission to these institutions, of which 45 were referred to the waiting list and 55 incomplete.

Total admissions The Manitoba School, Portage la Prairie.....	27
Total admissions Home for Aged and Infirm, St. Boniface	76
Total admissions Sunset Lodge	9
Total admissions Salvation Army, Aged Men’s Home	0
Total admissions Incurable Ward, St. Anthony’s Hospital, The Pas	0
Total admissions Incurable Ward, Old Folks’ Home, Middlechurch....	6
Total number of patients remaining in The Manitoba School, Por- tage la Prairie, as at April 30th, 1935—Mental Defectives.....	400
Seniles	9
Incurables	47
—	456
Total number of patients remaining in Home for Aged and Infirm, St. Boniface, as at April 30th, 1935	230
Total number of patients remaining in Sunset Lodge, Kildonan, as at April 30th, 1935	37
Total number of patients remaining in Salvation Army Aged Men’s Home, as at April 30th, 1935	5
Total number of patients remaining in Incurable Ward, St. An- thony’s Hospital, The Pas, as at April 30th, 1935	5
Total number of patients remaining in Incurable Ward, Old Folks’ Home, Middlechurch, as at April 30th, 1935	7

With the exception of the Government Institution (The Manitoba School, Portage la Prairie) all the above institutions receive a grant from this Department on a per capita basis.

I am again pleased to report we have been able, during the year, to place those requiring institutional care without causing any hardship or unnecessary delay. A great number of the cases in these institutions are admitted on order from the Department at the request of the municipality. The municipality is required to pay 50 cents per day towards the patient's maintenance for walking cases, or those who do not require extra nursing care, and \$1.00 per day for those who are bedridden and do require extra nursing care. Our Examining Physician, Dr. D. H. McCalman, determines the status of the patient and the rate to be charged. His services in this regard are very much appreciated by all those concerned.

In passing I may mention that the grant paid by the Government to these institutions is on the same basis, viz., 25 cents per day per patient.

On my periodical visits to these institutions I have found the patients on the whole contented and being well taken care of.

It will be noticed that the admissions into the Manitoba School were 27, one less than the previous year; whereas the admissions into the Home for Aged and Infirm, St. Boniface, were increased by 30, and the indication is that the demand for beds for incurable bedridden cases is increasing and extra provision will have to be made for their care in the near future. We have, as stated above, 45 cases on the waiting list, an increase of 10 over the previous year, and 55 incomplete applications, which also is an increase of 10 over the same period and, when we take into consideration that we received 212 applications, an increase of 59 applications, we feel that it will not be long distant before more accommodation will be required.

OLD AGE PENSIONS

I beg to report that we have administered the Old Age Pensions belonging to patients admitted into our Homes for Aged and Infirm.

During the Fiscal Year there were 61 Old Age Pensioners in the Home for Aged and Infirm, St. Boniface; 11 Old Age Pensioners in the Home for Aged and Infirm, Portage la Prairie; 13 Old Age Pensioners in Sunset Lodge, Kildonan; and 3 Old Age Pensioners in The Salvation Army Aged Men's Home, Winnipeg. Their pension monies were disposed of as follows:

HOME FOR AGED AND INFIRM, ST. BONIFACE

Balance in Trust Account, April 30th, 1934.....		\$ 1,409.10
Amount of Pensions received		13,478.52
Personal Allowances to Pensioners	\$1,174.15	
Refunded back to Municipalities	6,717.29	
Placed in Consolidated Revenue	4,780.46	12,671.90
		<hr/>
Balance in Trust Account, April 30th, 1935		\$ 2,215.72

INCURABLES OUTSIDE THE INSTITUTIONS

On April 30th, 1935, there were 94 Incurables being taken care of in private homes under arrangements with the different municipalities concerned. This is an increase of 15 over the previous year, which shows that this appropriation is being well taken advantage of by the municipalities.

This appropriation is becoming more popular every year with the Municipal Officials. They are realizing that any money spent for the care of their own people is a benefit to their own storekeepers, etc., and the patients themselves are more satisfied, as they generally find it a hardship to have to leave the district where they

are known to end their days among strangers, which, of course, happens when they are moved from the district. From an economic standpoint it is also an advantage as very often the Municipal Officials can place these people with families who are in need of assistance in the way of relief, and in that case it has the double advantage of helping the people who take care of the patient to keep off relief, and, at the same time saves the municipality.

The placing of patients in homes in the City of Winnipeg is being supervised by the Social Welfare Commission, in as far as City of Winnipeg patients are concerned. The only restriction put on the home by the Department is that, with the help of the Nursing Division, an inspection is made of the home and the grant is not paid to the home by this Department, unless that home can obtain a certificate.

INSTITUTIONAL AND CHARITY GRANTS

Institution	Grant Voted	Grant Paid
Children's Aid Society, St. Adelard	\$ 675.00	\$ 675.00
Children's Aid Society, Dauphin	900.00	900.00
Children's Aid Society, Winnipeg	2,700.00	2,700.00
Children's Home, Winnipeg	3,600.00	3,600.00
Ritchot Foundling Home	900.00	900.00
Knowles Home for Boys, East Kildonan	1,170.00	1,170.00
Esther Robinson Jewish Orphanage	500.00	500.00
St. Joseph's Orphanage	1,260.00	1,260.00
St. Boniface Orphanage	675.00	675.00
St. Benedict's Orphanage	360.00	360.00
St. Agnes Priory, West Kildonan	900.00	900.00
Old Folks' Home, Winkler	50.00	50.00
Canadian Social Hygiene	-----	-----
Canadian National Institute for the Blind	6,300.00	6,300.00
Winnipeg Health League	90.00	90.00
Old Folks' Home, Gimli	50.00	-----
Old Folks' Home, Middlechurch	-----	-----
Margaret Scott Nursing Home	675.00	675.00
Salvation Army (Immigration)	900.00	900.00
Victorian Order of Nurses	585.00	585.00
The Last Post	360.00	360.00
Manitoba Dental Association	360.00	360.00
Red Cross Society	2,160.00	2,160.00
Children's Aid Society, Brandon	1,080.00	1,080.00

The Annual Reports from all the above institutions receiving a grant have been examined and found satisfactory.

RE: DESTITUTION IN UNORGANIZED TERRITORY

This Department extends assistance in cases where the breadwinner is unable to provide for his family, through illness, and a medical report is usually furnished. Assistance is also given to widows pending applications for Mothers' allowances, widows who are unable to benefit by the Child Welfare Act owing to regulations, unmarried mothers, deserted mothers, persons who are over seventy and unable to benefit from Old Age Pensions Act and feeble-minded persons for whom there is no accommodation in the Portage la Prairie institutions.

All applications for relief are personally investigated by the local inspector before aid is given, except in extremely urgent cases, when one order is usually placed and the inspector instructed to visit the family as soon as possible.

Inspectors are required to fill out specially printed forms provided by the Department, giving the name and age of the applicant, number of dependents and their ages, information as to relatives, details as to personal property, social history and condition of their land.

The system of granting relief is as follows: A letter of authority is sent to the family in which the storekeeper's name is omitted, which enables the recipient to deal with any storekeeper he wishes. The storekeeper is required to forward his account to this office for payment with the recipient's signature on the account and he is restricted to supply articles listed on the form sent to him with the original order, which is as follows:

Baking Powder	Cocoa	Salt
Beans	Fish (not canned)	Potatoes
Bread	Flour	Prunes
Buckwheat grits	Honey	Raisins
Butter	Lard	Rice
Cheese (not boxed)	Macaroni	Rolled Oats
Chicory	Matches	Sewing thread
Coal oil	Meats (not canned) Bacon	Soap
Coffee	Beef, Sausage	Soda (Baking)
Cornmeal	Onions	Sugar
Evaporated Apples	Pepper	Syrup

In cases where certain articles of food, not listed above, are recommended by a physician, special permission is granted to the storekeeper to supply same.

In a few cases, on the inspector's recommendation, cash allowances are granted, but only in cases where it would be to the advantage of both the Department and the recipient. In cases where persons are partially or in some cases totally disabled, they are placed on a board and lodging basis in the country, which saves the government the expense of placing them in the Home for Aged and Infirm at a much higher rate.

It is to be noted that this Division has a net increase of 53 cases, as at April 30th, 1935, in comparison with the number of cases we had at April 30th, 1934.

The Division has found it more practicable to determine the amount required to be expended on the needs of each individual family. However, of the 310 cases receiving relief, 114 families receive \$5.00 per month, 65 families received \$7.50 per month, and 46 families received \$10.00 per month. All others vary from \$2.50 per month to \$35.00 per month. We have hesitated to put any kind of budget system into operation, although I feel that some time in the near future, this should be done. Dividing the classification into two classes, those who have a certain amount of stock and are able to put in a crop, or vegetable garden and those who have no one to help them and are completely incapacitated from any kind of work.

In conclusion, I cannot see that there is any likelihood of the demands on this appropriation decreasing in the near future, but to the contrary, I feel sure we will have to be prepared to take care of a larger number of families from year to year for at least the next ten or fifteen years, before we arrive at the peak. This is simply explained by the fact that these people who arrived in this Country in the years of large immigration, have in the great majority, arrived at the ages of between fifty and seventy and, of course, it naturally follows that with the increase in age, we should have more permanently disabled and incapacitated persons to take care of.

THE FOLLOWING TABLE SHOWS DETAILS OF DISTRIBUTION OF RELIEF BY CLASSIFICATION AND NATIONALITY

Classification	British	Canadian	German	Scandinavian	French	Half breeds	Ukrainian	Polish	Hungarian	Other Nats.	Total Amount	Average Amount
Old Age	\$ 255.85	\$465.97	\$138.07	\$ 194.00	\$ 440.00	\$ 347.99	\$ 3,748.49	\$ 563.33	\$ 85.00	\$134.07	\$ 6,372.77	\$ 531.06
Children						678.62	124.36				802.98	66.91
Partially Disabled	518.83	10.27		201.55	363.12	175.18	2,138.37	97.62			3,504.94	292.08
Sickness	814.83	181.10	238.16	232.82	1,260.49	754.29	1,656.05	231.24	211.56		5,580.54	465.04
Imprisonment				271.08	149.12	23.44	123.16				566.80	47.23
Desertion	208.67			580.57	192.10	74.15	530.40	6.00		60.00	1,651.89	137.66
Widows	109.35		241.50		164.72	536.72	822.54	99.03			1,973.86	164.49
Blind					341.29	63.52	344.99	105.33			855.13	71.26
Tuberculosis	510.53	60.00		235.09	593.03		776.04	79.00			2,253.69	187.81
Paralysis							42.62				42.62	3.55
Mentally Incompetent	104.12	106.83		245.48		170.57	530.76	114.39	8.00	270.47	1,550.62	129.22
Total	\$2,582.18	\$824.17	\$617.73	\$1,960.59	\$3,503.87	\$2,824.48	\$10,837.78	\$1,295.94	\$304.56	\$464.54	\$25,155.84	\$2,096.32

I wish to convey my thanks and appreciation to the following organizations for the assistance rendered in investigating our cases and examining sick persons gratis, etc.

The Royal Canadian Mounted Police, Imperial Order Daughters of the Empire, Out Patients' Department, St. Boniface Hospital, Social Service Department, Winnipeg General Hospital, Social Welfare Commission of Winnipeg, Confidential Exchange, City of Winnipeg, the Department of Public Works, Dr. E. W. Montgomery and Dr. C. R. Donovan, The Canadian Pacific and Canadian National Railways.

In closing, I wish to express my sincere appreciation to Mr. H. S. Trumpour, Mr. B. Zeglinski and the members of the staff for their assistance and co-operation during the past year. May I, at the same time, express personally, my appreciation of the Minister's and your kindness in giving me advice from time to time during the year.

Respectfully submitted,

S. HARDYMENT,

Fiscal Supervisor of Public
Institutions and Relief.

Annual Report

Administrator of Estates of Insane Persons

May 1st, 1936.

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Building.

Sir:

As Administrator of Estates of the Mentally Incompetent for the Province of Manitoba, I have the honour to submit the following report covering the activities of this Department for the Fiscal Year ended April 30th, 1935.

The total number of estates under administration during the period were 585, of which 358 were productive and 227 non-productive.

During the past year there were the undernoted number of farms, and city and suburban properties administered:

Leases:		
Farm	39	
City	32	71
Mortgages	27	
	—	
Agreements for Sale	23	121

A number of these farms were leased either on a cash rental basis or for payment of taxes. Of the total leased, twenty yielded grain, a summary of which is as follows:

WHEAT	7,179	Bushels
OATS	7,905	"
BARLEY	5,322	"
RYE	210	"
SHEAVES	1,400	"
Acreage under summerfallow	341	acres
Acreage under cultivation	1,122	acres
Acreage under crop	903	acres

The undernoted property was sold during the period:

Lots 16-17 Block 3—Lowe Farm
Lot 12, Block 2—Teulon
South West Quarter 34-11-9
West Half 12-40-25
Part of North East Quarter 31-9-5
South West Quarter 3-24-2

It will be noted that the revenue from the farms this year is much reduced. This is due entirely to the general crop failure.

Six auction sales were held during the year, three of which took place in the country, which necessitated a member of the staff being present.

Life insurance policies held by this office in trust for patients numbered 101, while those for fire insurance numbered 44.

In connection with the life policies, there are a great number of instances where disability benefits are paid under policies and this necessitates the Administrator making application for same and proving claim. Cheques are subsequently paid to the Administrator and administered by him. During the past year the number of disability claims administered totalled 24—cheques being paid monthly.

Further, there is under administration soldiers' pensions numbering 52. These are classified as follows:

War Veterans' Allowance	35
Ordinary soldier pension	17

Cheques covering these pensions are issued to the Administrator monthly, and the average monthly revenue approximates \$900.00.

The amount of stocks and bonds held is as follows:

Dominion of Canada Bonds	\$173,850.00
Industrial stocks (approx.)	31,800.00
U.S.A. Postal Bond	500.00

The Fiscal Supervisor of Public Institutions and Relief received the sum of \$50,-395.47 for maintenance of inmates in the following Institutions:

Brandon Hospital for Mental Diseases,
Selkirk Hospital for Mental Diseases,
Psychopathic Hospital,
Home for Aged and Infirm,
St. Boniface Old Folks' Home.

The number of promissory and lien notes held by the Administrator for collection during the period was fifty-two.

FINANCIAL STATEMENT

Fiscal Year Ended April 30th, 1935

TRUST ACCOUNT:

Balance as at April 30th, 1934	\$ 20,834.44
Receipts, May 1st, 1934, to April 30th, 1935	88,508.49
	<hr/>
	\$109,342.93
Expenditures May 1st, 1934, to April 30th, 1935	86,424.05
	<hr/>
	\$ 22,918.88

CONSERVATION ACCOUNT:

Balance outstanding as at April 30th, 1934	\$ 3,027.33
Expenditures May 1st, 1934, to April 30th, 1935	439.72
	<hr/>
	\$ 3,467.05
Receipts May 1st, 1934, to April 30th, 1935	1,232.41
	<hr/>
Balance outstanding April 30th, 1935	\$ 2,234.64

DEPOSITS:

To Royal Bank of Canada	\$ 88,508.49
To Provincial Treasurer of Manitoba	1,232.41

In conclusion I might state that upon the advice of the Comptroller-General, we are contemplating setting up a new system of accounting which will enable us to give a more complete report as to the capital value of estates, and details of receipts and expenditures, etc.

Respectfully submitted,

S. HARDYMENT,

The Administrator of Estates
of the Mentally Incompetent.

Annual Report

Division of Vital Statistics

F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Winnipeg.

Sir:

I have the honour to present the annual statistical report of the Vital Statistics Division for the calendar year 1935.

Respectfully submitted,

A. P. PAGET,

Recorder of Vital Statistics.

PREFACE

The Seventh Annual Report on Vital Statistics, to be issued under the Department of Health and Public Welfare, is submitted for the year 1935, together with comparative statistics for earlier years.

The Vital Statistics Division is responsible to the Minister of Health and Public Welfare under whose direction has been entrusted the compilation and tabulation of its own statistics in close co-operation with the Dominion Bureau of Statistics at Ottawa. The Vital Statistics Division directs the collection of all data through the agency of Division Registrars of Births, Marriages and Deaths throughout the Province. Transcripts of all registrations are forwarded monthly to the Federal Bureau and for which the Dominion Government pay a nominal fee for each registration.

The Federal Bureau prepares exhaustive tabulations and studies from these transcripts, and together with similar transcripts from the other eight Provinces, their Annual Report constitutes an important presentation of statistical data, and is shown in part in this report. The system of re-allocation has been adopted by the Vital Statistics Division, according to residence. This has been done in England since the beginning of 1911, with the Registrar General's office acting as a clearing house. In many of the American States re-allocation is made by State authority.

The Dominion Bureau of Statistics, together with the Provincial Departments of Health, accepted the new draft Form 5 for the "Official Registration of Death" prepared in part by the Canadian Public Health Association, Vital Statistics Division. This form was distributed in July, 1935, and was drafted and largely based on the English requirements which had been found to be satisfactory in operation. It is anticipated that the medical certificate which is embodied in this form, will indicate more clearly the actual cause and assist the medical practitioner in giving a more adequate description of the actual and contributing causes of death. This new form

is deemed to be an important development in securing improved classification of all deaths compiled under the latest International List of Causes of Death.

POPULATION

The population of Manitoba increased from 25,228 in 1871 to 579,551 in 1915. The war period was apparently responsible for the decrease shown in the years 1916-1919. Since 1920 there has been a gradual increase. The following Table includes 13,716 Indians on Reserves.

TABLE I.

POPULATION BY YEARS, 1666-1934

1666	3,215	1905	328,440	*1921	*610,118
		1906	365,688	1922	627,000
1834	3,356	1907	388,472	1923	627,500
		1908	394,188	1924	629,000
1844	5,143	1909	424,792	1925	633,000
		1910	437,535	*1926	*639,056
1851	5,600	*1911	*461,394	1927	647,176
		1912	492,762	1928	657,316
1861	8,668	1913	544,932	1929	669,476
		1914	573,813	1930	683,651
*1871	25,228	1915	579,551	*1931	*700,139
		*1916	*570,859	1932	709,000
*1881	62,260	1917	549,759	1933	717,000
		1918	557,739	1934	726,000
*1891	152,506	1919	557,739	1935	736,000
*1901	255,211	1920	594,225		

* Census years. Intervening years are estimates.

TABLE II.

BIRTHS, MARRIAGES, DEATHS—1925-1935 O.F.R.

The total number of registrations (exclusive of stillbirths), reported during the last ten years is shown in the following:

		Excess of Births				
		Births	Deaths	Over Deaths	Marriages	Reg. Totals
1925	M.	7,634	2,911	4,723	4,377	-----
	F.	7,233	2,334	4,899	-----	24,489
1926	M.	7,598	2,936	4,662	4,537	-----
	F.	7,063	2,399	4,664	-----	24,333
1927	M.	7,434	2,968	4,466	4,716	-----
	F.	6,713	2,341	4,372	-----	24,172
1928	M.	7,282	3,029	4,253	5,170	-----
	F.	7,222	2,367	4,855	-----	25,070
1929	M.	7,330	3,247	4,083	5,269	-----
	F.	6,906	2,561	4,345	-----	25,313

		Excess of Births				
		Births	Deaths	Over Deaths	Marriages	Reg. Totals
1930	M.	7,353	3,191	4,162	5,061	-----
	F.	7,058	2,494	4,564	-----	25,157
1931	M.	7,255	3,016	4,239	4,888	-----
	F.	7,121	2,303	4,818	-----	24,583
1932	M.	7,284	3,063	4,221	4,729	-----
	F.	6,840	2,278	4,562	-----	24,194
1933	M.	6,872	3,092	3,780	4,819	-----
	F.	6,432	2,363	4,069	-----	23,578
1934	M.	6,842	2,920	3,922	5,296	-----
	F.	6,468	2,249	4,219	-----	23,775
1935	M. V.S.D.	6,784	3,256	3,528	5,337	-----
	F.	6,579	2,561	4,018	-----	24,517

Note—Figures supplied by the Dominion Bureau of Statistics are marked O.F.R., and Vital Statistics Division V.S.D.

TABLE III.

MANITOBA—GENERAL SUMMARY OF BIRTHS, DEATHS, STILLBIRTHS AND MARRIAGES IN CITIES AND TOWNS
OF 1,000 POPULATION AND OVER ACCORDING TO RESIDENCE, 1935 (V.S.D.)

Cities and Towns	Births Exclusive of Stillbirths		Deaths All Ages	Under 1 Year		1 - 4 Years		5 Years and Over		Still- births	Marriages			
	Total	M.		F.	Total	M.	F.	M.	F.					
Manitoba	13,363	6,529	6,834	5,817	3,256	2,561	490	380	118	115	2,648	2,066	355	5,337
Brandon	201	113	88	120	68	52	6	6	2	2	60	44	6	222
Portage la Prairie	109	47	62	59	34	25	4	5	0	0	30	20	2	78
St. Boniface	287	139	148	127	74	53	8	6	2	1	64	46	5	136
Winnipeg	2,817	1,423	1,394	1,626	899	727	68	57	20	17	811	653	98	2,632
Beausejour	30	13	17	10	7	3	1	0	0	0	6	3	0	17
Carman	34	14	20	24	11	13	0	3	0	0	11	10	0	15
Dauphin	64	34	30	45	25	20	3	2	0	0	22	18	1	93
Killarney	11	3	8	14	6	8	0	2	0	0	6	6	0	14
Minnedosa	23	11	12	10	9	1	0	1	0	0	9	0	1	27
Morden	32	16	16	13	6	7	1	0	0	0	5	7	0	24
Neepawa	34	17	17	23	11	12	3	2	0	0	8	10	1	30
Selkirk	96	49	47	37	19	18	2	4	0	0	17	14	1	25
Souris	12	7	5	8	3	5	0	0	0	0	3	5	0	17
Stonewall	25	11	14	20	6	14	2	2	0	0	4	12	0	10
The Pas	74	37	37	33	30	3	3	1	0	0	27	2	5	45
Transcona	71	44	27	37	23	14	5	0	0	0	18	14	2	18
Tuxedo	15	9	6	8	4	4	0	1	0	1	4	2	1	0
Virden	31	18	13	18	10	8	1	3	0	0	9	5	0	22
Cities and Towns	3,966	2,005	1,961	2,232	1,245	987	107	95	24	21	1,114	871	123	3,425

LIVE BIRTHS AND STILLBIRTHS—(V.S.D.)

The total number of Births reported for the year 1935 was 13,363. This gives a rate of 18.17 per 1,000 population. These figures indicate a slight decrease compared with the previous year 1934 of .17 per 1,000.

The annual birth rate in 1921 was 30.3 per 1,000 population. There has been a steady decrease each year, with the exception of a very slight increase in 1928, until the lowest rate in 1935 is shown as 18.17. Thus a difference of 12.1 is indicated or 40 per cent. decrease in fourteen years.

Of the total number of confinements during 1935, i.e. 13,509, there were 13,322 single confinements, 184 twin confinements and 3 triple confinements. There resulted from these confinements 13,363 Living Births and 355 Stillbirths. There was an excess of living male births over female living births of 205, or 1,033 male to every 1,000 female births.

TABLE IV.
PLURAL BIRTHS CLASSIFIED TO SHOW NUMBER OF CHILDREN BORN
ALIVE AND STILLBORN, BY SEX, 1933 to 1935.

	1933	1934	1935
	O.F.R.	O.F.R.	V.S.D.
Cases of Twins	175	154	184
Two males (both living)	54	55	57
Two females (both living)	47	39	48
One male and one female (both living)	57	48	62
One male living and one male stillborn	8	6	6
One male living and one female stillborn	1	1	2
One male stillborn and one female living	2	4	3
One female living and one female stillborn	1	-----	4
Two males (both stillborn)	3	-----	-----
Two females (both stillborn)	1	1	1
One male stillborn and one female stillborn.....	1	-----	1
Cases of Triplets	-----	-----	-----
Three males (all living)	-----	-----	-----
One male and two females (all living)	-----	-----	1
One male and one female and one stillborn female..	-----	-----	-----
Two male and one female (all living)	-----	-----	2
Total multiple living births	No. 350	308	358
	M. 191	169	189
	F. 159	126	169
Total multiple stillbirths	No. 22	13	19
	M. 17	6	10
	F. 5	7	9
Total single stillbirths	No. 342	356	336
	M. 188	189	202
	F. 154	167	134
Total single living births	No. 12,976	13,015	13,005
	M. 6,698	6,677	6,595
	F. 6,278	6,338	6,410
Total confinements	13,493	13,525	13,509

(Total living births: 1933—13,304; 1934—13,310; 1935—13,363.)

The last 9 years show marked differences in the excess of male births to every 1,000 female births.

TABLE V.

	1927	1928	1929	1930	1931	1932	1933	1934	1935
M.	1,108	1,008	1,058	1,044	1,025	1,062	1,064	1,056	1,033
F.	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000

The registration area of the United States for the years 1915 to 1925 showed a varied proportion of from 1,055 to 1,062 per 1,000 female births.

Births to Non-Resident Mothers and in Public Institutions—Of the total of 13,363 living births in Manitoba during the year 1935, 137 were born to non-resident mothers, 113 of these mothers being confined in public institutions. The total number of living births in public institutions was 6,793, an increase of 531 over the year 1934.

Births Classified as Born in Wedlock and to Parents who have not been Legally Married to each other—The number of children born in wedlock was 12,857 (males 6,527, female 6,330), while 506 were born out of wedlock (males 257, females 249). The per cent. of total living births of children born out of wedlock is 3.79.

Cities, according to Residence—The number of children born in wedlock in cities of 5,000 and over, was 3,414 (males 1,722, females 1,692), 145 were born out of wedlock in cities (males 75, females 70).

TABLE VI.

MANITOBA—CHILDREN BORN OUT OF WEDLOCK, 1921-1934

Year	Total	M.	F.	Per Cent Live Births	Year	Total	M.	F.	Per Cent Live Births'
1921	420	222	198	2.3	1928	509	261	248	3.5
1922	410	210	200	2.3	1929	518	272	246	3.6
1923	381	198	183	2.3	1930	556	283	273	3.8
1924	423	215	208	2.7	1931	529	263	266	3.7
1925	400	211	189	2.7	1932	519	287	232	3.7
1926	466	241	225	3.2 (OFR)	1933	503	262	241	3.8
1927	473	253	220	3.3	1934	512	243	269	3.8
					1935	506	257	249	3.8

The increased rate during the last decade should probably be accepted with reserve as the increase may in part be due to better registration facilities.

MARRIAGES

The total number of marriages reported in 1935 was 5,337, giving a rate of 7.25 per 1,000 population. These figures show an increase of 81 marriages compared with the previous year, 1934.

While the June rate is high, the most favorable months for Manitoba usually appear to be October and November; October had the highest rate of 13.0, November 11.2, and June 10.4 marriages per 1,000 population. The same preference appears only in the other Prairie Provinces. The remaining Provinces, and the Dominion as a whole give the highest number in June, with September in second place. In the Prairie Provinces, it would appear probable that seeding operations in the early summer months and harvesting during the Fall months, would militate against the marriage rate for these periods.

CONJUGAL CONDITION OF CONTRACTING PARTIES IN 1933-1935

TABLE VII.

Percent. of Marriages between:

	1933	1934	1935			1933	1934	1935
Bachelors and Spinsters.....	87.8	90.1	89.4	Percent of Bridegrooms who were:				
Bachelors and Widows	2.2	1.8	1.9	Bachelors	90.9	92.7	92.4	
Bachelors and Divorcees ....	.9	.8	1.1	Widowers	7.7	6.3	6.2	
				Divorced	1.4	1.0	1.4	
Widowers and Spinsters	4.5	3.6	3.6					
Widowers and Widows	2.8	2.6	2.4	Percent of Brides who were:				
Widowers and Divorcees ....	.3	.1	.2	Spinsters	93.5	94.5	94.2	
				Widows	5.3	4.5	4.4	
Divorcees and Spinsters.....	1.2	.8	1.2	Divorced	1.2	1.0	1.4	
Divorcees and Widows .....	.2	.1	.1					
Divorcees and Divorcees....	.1	.1	.1					

MANITOBA MARRIAGE RATES PER 1,000 POPULATION, 1921-1935

TABLE VIII.

Average Rate	Marriages	Rate
1921-1925	4,634	7.5
1926-1930	4,946	7.5
1931	4,888	7.0
1932	4,729	6.7
1933	4,819	6.7
1934	5,296	7.3
1935	5,337	7.3

DEATHS

The annual rates and Tables are given under four important groups: Infant Mortality, Maternal Mortality, Mortality according to certain specific causes and General Mortality, which include all causes and all ages.

In 1935 there were 5,817 deaths as compared with 5,169 in 1934, an increase of 668 deaths. Ninety-eight non-residents died in public institutions and elsewhere in the Province. Of this number, 81 persons, who were non-residents, died in our public institutions. The number of deaths which occurred in public institutions in 1935 was 2,404, compared with 2,027 in 1934, an increase of 377 or 18.7 per cent.

TABLE IX.

DEATHS—BY MONTHS—1932-1935.

	1932	Rate	1933	Rate	1934	Rate	1935	Rate
	Total	Per	Total	Per	Total	Per	Total	Per
	Deaths	1,000 Pop.	Deaths	1,000 Pop.	Deaths	1,000 Pop.	Deaths	1,000 Pop.
January	455		565		473		588	
February	441		514		376		449	
March	442		469		445		511	
April	491		467		408		499	
May	465		425		477		476	
June	379		423		386		490	
July	398		403		391		499	
August	441		397		443		418	
September	479		443		421		432	
October	496		467		477		487	
November	396		426		419		449	
December	489		456		453		519	
Annual Rate	5,364	7.6	5,455	7.6	5,169	7.1	5,817	7.9

TABLE X.

INFANT MORTALITY—1932-1935.

(Exclusive of Stillbirths) Equivalent Annual Rate per 1,000 Live Births

	1932		1933		1934		1935	
	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate
January	76	63.1	93	82.3	68	60.1	111	97.8
February	72	63.9	99	97.0	53	51.9	87	84.9
March	67	55.6	78	69.0	91	80.5	83	73.1
April	83	72.3	64	58.5	68	62.1	82	74.8
May	80	66.4	60	53.0	60	53.0	77	67.8
June	44	37.5	72	65.9	43	39.5	65	59.1
July	53	44.0	51	45.1	61	54.0	75	66.1
August	71	59.0	44	38.9	51	45.1	48	42.3
September	96	84.1	72	65.9	62	56.6	56	50.9
October	89	74.0	75	66.4	53	46.9	59	51.9
November	60	51.5	75	68.6	60	54.8	67	61.0
December	57	47.4	61	54.0	64	56.6	60	52.8
Rate per year	850	60.0	844	63.4	734	55.1	870	65.0

TABLE XI.

INFANT MORTALITY UNDER ONE YEAR OF AGE—

DEATHS FROM CERTAIN CAUSES IN MANITOBA, YEAR 1935

Cause of Death	Number of Deaths—1935 (V.S.D.)			Rate per 1,000 Live Births
	Male	Female	Total	
Epidemic, Endemic and Infectious Diseases.....	64	44	108	8.1
Bronchitis and Pneumonia	88	60	148	11.1
Gastro-Intestinal Diseases	52	44	96	7.2
Congenital Malformations	29	40	69	5.2
Congenital Debility	39	28	67	5.0
Premature Birth	129	98	227	17.0
Injury at Birth	28	12	40	3.0
Other Diseases peculiar to Early Infancy, etc.....	20	25	45	3.4

TABLE XII.

DIARRHOEA AND ENTERITIS—1910-1934

Rate per 100,000 Population

Year	Rate	Year	Rate
1910	131.9	1923	40.4
1911	101.6	1924	24.7
1912	132.3	1925	41.7
1913	159.0	1926	27.5
1914	129.6	1927	24.0
1915	57.3	1928	23.0
1916	77.3	1929	19.5
1917	54.5	1930	32.5
1918	42.9	1931	22.7
1919	65.3	1932	23.7
1920	69.8	1933	13.6
1921	61.8	1934	15.4
1922	83.1	1935	14.9

TABLE XIII.
PNEUMONIA MORTALITY—1910-1935

Rate per 100,000 Population					
Year	Rate	Year	Rate	Year	Rate
1910	88.7	1919	102.4	1928	64.8
1911	97.0	1920	141.0	1929	88.4
1912	98.7	1921	92.3	1930	68.6
1913	77.3	1922	89.5	1931	56.9
1914	53.9	1923	84.0	1932	49.4
1915	95.5	1924	81.8	1933	52.8
1916	120.7	1925	79.5	1934	49.6
1917	115.7	1926	80.4	1935	56.4
1918	114.2	1927	85.5		

MATERNAL MORTALITY

The figures for 1935, compiled from the “Official Notices of Death”, and a questionnaire sent to all physicians recording maternal deaths, are of interest.

The deaths of women from puerperal causes during the year 1935 numbered 51, giving a rate of 3.8 per 1,000 living births. Compared with the previous year, 1934, when the number of deaths was 51, the same figure.

In view of the rate for maternal mortality having been calculated on living births, it is clear that many deaths from puerperal causes are associated with stillbirths and miscarriages. The total number of living births in 1935 was 13,363. The maternal deaths associated with these totalled 23, giving a rate of 1.7 per 1,000 live births. The total number of stillbirths was 355; the maternal deaths associated with these numbered 19, giving a rate of 53.5 per 1,000 live births.

Living Births 13,363; Maternal Deaths 23; Rate 1.7 per 1,000 live births.

Stillbirths 355 Maternal Deaths 19; Rate 53.5 per 1,000 stillbirths.

There were 18 Associate cases, not classified to puerperal or childbearing but returned as associated therewith.

TABLE XIV.
MATERNAL MORTALITY FOR MANITOBA—1935

(Rate 3.8 per thousand live births)								
Int. List. No.	CAUSE	No.	15-19	20-24	25-29	30-39	40 and Over	
140 a.	Abortion with septic conditions	4	--	--	1	3	--	
141 a.	Abortion without septic conditions	1	--	--	--	1	--	
142 b.	Ectopic gestation without septic condition being mentioned	2	--	1	1	--	--	
143	Other accidents of pregnancy (Haemorrhage excluded)	4	--	1	1	1	1	
144 a.	Puerperal haemorrhage—Placenta praevia	2	--	1	--	1	--	
144 b.	Other haemorrhage	4	--	1	--	1	2	

Int. List No.	CAUSE	No.	15-19	20-24	25-29	30-39	40 and Over
145 a.	Puerperal septicaemia or pyaemia (not specified as consequent upon abortion)	17	--	6	7	3	1
146	Puerperal albuminuria and eclampsia	7	--	--	2	4	1
147	Other toxaeemias of pregnancy	3	--	2	--	1	--
148 b.	Puerperal embolism	4	1	--	--	3	--
148 c.	Sudden death	1	--	--	--	1	--
149 b.	Dystocia	1	--	--	--	1	--
150 b.	Other, or not specified, conditions of Puerperal state	1	--	1	--	--	--
		—	—	—	—	—	—
		51	1	13	12	20	5
		—	—	—	—	—	—

TABLE XV.

Associate							
Int. List. No.		No.	15-19	20-24	25-29	30-39	40 and Over
11 e.	Influenza	1	--	--	1	--	--
108	Labor pneumonia	1	--	1	--	--	--
95 b.	Other diseases of heart	1	--	--	--	--	1
48 b.	Cancer and other malignant tumours of cervix uteri	1	--	--	--	--	1
11 c.	Grippe or Influenza with Pneumonia	1	--	--	--	1	--
121	Appendicitis	2	--	--	--	1	1
175	Self-induced or criminal abortion	8	--	1	6	1	--
92	Chronic endocarditis, valvular diseases	1	--	--	--	1	--
53 c.	Cancer of lymphatic system	1	--	--	--	1	--
117 a.	Ulcer of the stomach	1	--	--	--	1	--
		—	—	—	—	—	—
		18	--	2	7	6	3
		—	—	—	—	—	—

TABLE XVI.

NATIONALITIES						
	Puerperal			Associate		
	1933	1934	1935	1933	1934	1935
Austrian	1	---	1	---	---	---
Belgian	---	1	---	---	---	---
Bohemian	---	---	---	---	1	---
Dutch	1	---	---	---	---	1
English	11	12	7	1	---	9
French	6	3	9	---	---	2

	Puerperal			Associate		
	1933	1934	1935	1933	1934	1935
French Halfbreed	2	---	---	---	---	---
Galician	---	---	---	1	---	---
German	2	5	3	2	---	---
Greek	---	---	1	---	---	---
Hebrew	---	---	2	---	---	---
Hungarian	2	---	---	---	---	---
Icelandic	---	2	---	---	---	1
Indian	6	5	3	---	---	---
Irish	---	5	8	---	1	---
Italian	---	---	---	---	---	---
Polish	3	2	2	---	1	---
Roumanian	---	1	---	---	---	---
Russian	2	1	1	---	---	1
Ruthenian	---	---	1	1	---	---
Scotch	7	5	8	---	---	1
Spanish	---	---	---	1	---	---
Swedish	1	2	---	---	---	---
Swiss	---	1	---	---	---	---
Ukrainian	8	6	5	---	1	2
Welsh	2	---	---	---	---	1
Unknown	---	---	---	---	---	---
Totals	54	51	51	6	4	18

TABLE XVII.

MANITOBA—MATERNAL MORTALITY BY AGE GROUPS, 1921-1935

Age Groups	1921	1922	1923	1924	1925	1926	1927		1928		1929		1930		1931		1932		1933		1934		1935	
							M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	A.
15 - 19	3	4	3	7	4	3	1	---	5	1	9	1	4	2	6	1	4	1	2	---	2	1	1	---
20 - 24	14	8	11	15	19	23	5	4	13	2	19	2	16	6	9	3	9	2	7	1	7	1	13	2
25 - 29	15	30	12	21	16	14	24	3	12	2	14	5	10	3	16	2	20	3	17	2	14	---	12	7
30 - 39	39	43	40	34	41	39	34	7	27	4	38	10	29	6	28	3	27	1	19	3	18	2	20	6
40 and over	10	14	10	9	15	8	8	4	13	1	10	2	13	3	8	---	6	---	9	---	10	---	5	3
Total	81	99	76	86	95	87	72	18	70	10	90	20	72	20	67	9	66	7	54	6	51	4	51	18

Note:M. Maternal Deaths. A. Not classed to pregnancy or child-bearing, but returned as associated therewith.

TABLE XVIII.
DEATHS FROM TUBERCULOSIS, 1910-1935
Rate per 100,000 Population

Year	Rate	Year	Rate	Year	Rate
1910	94.2	1919	87.4	1928	60.8
1911	95.0	1920	81.3	1929	63.6
1912	99.9	1921	68.9	1930	65.3
1913	88.9	1922	60.0	1931	60.7
1914	85.3	1923	64.1	1932	57.8
1915	77.8	1924	61.7	1933	57.4
1916	80.5	1925	60.5	1934	53.6
1917	93.2	1926	60.6	1935	60.5
1918	92.3	1927	57.1		

The 1932 survey of Tuberculosis mortality statistics indicated that a non-Indian rate of 34 per 100,000 may be approximated. It is estimated that Indians and Half-breeds contribute a large percentage to the number of deaths from Tuberculosis.

TABLE XIX.
CANCER MORTALITY, 1910-1935
Rate per 100,000 Population

Year	Rate	Year	Rate	Year	Rate
1910	34.5	1919	60.5	1928	78.7
1911	43.2	1920	61.3	1929	88.0
1912	35.7	1921	70.0	1930	85.8
1913	44.4	1922	71.2	1931	83.4
1914	41.5	1923	66.5	1932	92.8
1915	48.0	1924	73.8	1933	93.8
1916	47.3	1925	70.6	1934	91.0
1917	49.9	1926	72.6	1935	100.6
1918	54.9	1927	76.7		

TABLE XX.
CANCER MORTALITY, 1930-1934
Rate per 100,000 Population, by Site

	1930	1931	1932	1933	1934	1935
Buccal Cavity	2.8	3.1	2.8	3.7	2.5	3.8
Digestive Tract	35.6	34.5	52.6	49.3	49.5	54.8
Peritoneum, etc.	9.5	12.8	-----	-----	-----	-----
Uterus and Female						
Genital Organs	7.5	6.1	6.8	10.2	10.7	10.1
Breast	5.9	5.9	5.6	7.2	7.9	8.7
Skin	1.3	1.1	0.7	1.2	1.0	2.3
Respiratory System	4.7	4.6	4.4	4.8	5.5	6.0
Genito-Urinary Male						
Organs	9.9	8.0	7.3	8.6	6.1	9.0
Bones and Joints	0.9	0.9	0.6	1.1	0.7	2.3
Other Organs, etc.	3.4	6.3	10.4	6.9	7.2	9.0
Death Rate for all						
Forms per 100,000						
Population	85.8	83.4	92.8	93.8	91.0	100.6

TABLE XXI.

TYPHOID MORTALITY, 1910-1935

Rate per 100,000 Population.

Year	Rate	Year	Rate	Year	Rate
1910	39.7	1919	8.3	1928	3.2
1911	25.6	1920	8.2	1929	4.0
1912	27.6	1921	7.1	1930	1.8
1913	16.3	1922	5.3	1931	2.1
1914	11.5	1923	4.8	1932	1.8
1915	7.9	1924	4.5	1933	2.2
1916	7.5	1925	4.6	1934	2.1
1917	5.6	1926	4.2	1935	1.6
1918	7.2	1927	4.2		

Table 22 shows a proportional distribution of deaths in 1935, male, female and both sexes, by age groups and per cent. distribution of deaths for Manitoba.

TABLE XXII.

	Numerical Distributions			Per Cent. Distributions		
	Total	Male	Female	Total	Male	Female
All Ages	5,817	3,256	2,561	-----	55.8	44.2
Under 1 year	870	490	380	14.9	15.1	14.8
1 - 4 years	233	118	115	4.0	3.6	4.5
5 - 9 years	116	67	49	2.0	2.1	1.9
10 - 19 years	220	127	93	3.8	3.9	3.6
20 - 29 years	338	160	178	5.8	4.9	7.0
30 - 39 years	295	145	150	5.1	4.4	5.9
40 - 49 years	466	260	206	8.0	8.0	8.0
50 - 59 years	677	410	267	11.6	12.6	10.4
60 - 69 years	911	536	375	15.7	16.4	14.6
70 - 79 years	1,052	609	443	18.1	18.7	17.3
80 - 89 years	550	305	245	9.5	9.4	9.6
90 years and over	89	29	60	1.5	.9	2.4

TABLE XXIII.

TABLE XXIV.

INFLUENZA MORTALITY—1935			PNEUMONIA DEATHS BY MONTHS, 1935		
Equivalent Annual Rate per 100,000 Population			Equivalent Annual Rate per 100,000 Population		
	No. of Deaths			No. of Deaths	Rate
January	15		January	63	100.1
February	4		February	43	76.2
March	7		March	36	57.6
April	10		April	33	54.6
May	8		May	30	48.0
June	---		June	36	59.6
July	2		July	28	44.8
August	1		August	10	16.0
September	4		September	29	48.0
October	8		October	28	44.9
November	5		November	44	72.8
December	12		December	35	56.0
	76			---	---
Rate	10.3		Rate for 1935	415	56.4

TABLE XXV.

CERTAIN COMMUNICABLE DISEASES, 1935

	No. of Deaths	Rate per 100,000 Pop.
Influenza	76	10.3
Typhoid	12	1.6
Measles	42	5.7
Scarlet Fever	5	.7
Whooping Cough	45	6.1
Diphtheria	17	2.3
Poliomyelitis	7	.9
Cerebrospinal Meningitis	3	.4
Encephalitis	9	1.2

TABLE XXVI.

CAUSES OF DEATH PRODUCING GREATEST MORTALITY—1934-1935

Rate Per 100,000 Population

Internat. List No.		1934		1935	
		No. of Deaths	Rate	No. of Deaths	Rate
23-32	Tuberculosis	389	53.6	445	60.5
45-53	Cancer	660	91.0	780	100.6
82	Cerebral Haemorrhages	102	14.1	125	17.0
90-95	Heart Diseases	793	109.2	821	111.0
97	Arteriosclerosis	320	44.1	408	55.4
107-9	Pneumonia	360	49.6	415	56.4
119-120	Diarrhoea and Enteritis	112	15.4	110	15.0
131-2	Nephritis	219	30.2	220	29.9
157-8, 161	Congenital Malformations and Early Infancy	162	22.3	198	26.9
159-160	Premature Birth and Injury at Birth	200	27.6	268	36.4
	Stillbirths	369	50.8	355	48.3

TABLE XXVII.
CERTAIN DEATH RATES PER 100,000 POPULATION, MANITOBA, 1921-1935

Certain Causes of Death	Rate 1921	Rate 1922	Rate 1923	Rate 1924	Rate 1925	Rate 1926	Rate 1927	Rate 1928	Rate 1929	Rate 1930	Rate 1931	Rate 1932	Rate 1933	Rate 1934	Rate 1935
Typhoid -----	7.0	5.1	4.8	3.5	3.6	4.2	3.9	3.2	4.0	1.8	2.1	1.8	2.2	2.1	1.6
Measles -----	1.5	7.3	5.7	4.6	4.4	8.7	3.1	1.4	4.9	1.6	1.0	.6	.4	2.6	5.7
Scarlet Fever -----	9.5	6.1	4.2	2.9	3.3	5.2	2.5	2.0	3.3	1.5	1.1	1.4	.6	.8	.7
Whooping Cough -----	6.1	6.9	8.4	7.3	8.7	7.8	3.9	4.1	6.6	8.4	1.0	1.8	4.8	9.4	6.1
Diphtheria -----	24.1	23.9	19.4	15.6	15.8	14.4	13.6	8.5	8.8	5.6	6.5	3.7	2.9	3.9	2.3
Influenza -----	9.3	29.2	29.0	18.0	36.8	26.3	41.0	22.6	33.3	12.7	16.9	10.0	36.7	10.7	10.3
Tuberculosis (Lungs) -----	50.0	49.0	51.0	48.5	50.6	48.5	46.8	46.2	51.4	52.4	50.1	47.1	47.4	44.0	48.2
Tuberculosis -----	18.9	11.0	14.3	13.2	10.0	12.0	10.2	14.6	12.1	13.0	10.6	10.7	10.0	9.6	12.3
Cancer -----	70.0	75.7	66.7	73.8	70.6	72.7	76.7	78.7	88.0	85.8	83.4	92.8	93.8	91.0	100.6
Alcoholism -----	1.6	.5	1.4	2.2	1.4	2.3	3.7	2.9	2.1	.6	1.4	.9	.6	1.1	1.4
Meningitis -----	9.2	3.8	3.5	4.1	3.2	5.2	3.9	4.8	3.4	4.0	2.9	3.7	2.1	2.5	2.6
Cerebral Haemorrhage -----	29.0	30.0	20.9	22.4	23.9	26.5	23.4	25.0	44.7	41.7	34.5	23.8	19.4	14.1	17.0
Diseases of Circulatory System -----	94.5	99.2	110.2	110.6	107.8	112.4	128.3	140.6	129.6	142.6	138.2	168.5	164.1	168.1	176.5
Bronchitis, Acute and Chronic -----	11.6	11.6	11.6	6.5	6.2	6.1	4.3	6.1	6.4	5.0	4.7	4.1	4.4	4.1	8.8
Pneumonia -----	92.3	89.5	84.0	81.8	79.5	80.3	74.0	64.8	88.4	68.6	57.0	49.4	52.8	49.6	56.4
Appendicitis -----	11.8	14.2	11.8	14.1	14.7	12.7	13.9	12.2	11.4	11.2	11.1	9.2	11.9	9.8	9.7
Hernia and Intestinal Obstruction -----	8.4	7.5	8.6	9.4	11.1	8.5	9.1	10.0	11.7	13.1	10.1	7.1	9.6	11.0	9.5
Cirrhosis of Liver (not alcoholic) -----	.8	1.1	1.9	2.4	1.9	2.0	2.2	2.4	1.9	1.9	1.9	1.7	2.4	2.5	3.1
Cirrhosis of Liver (alcoholic) -----	.0	.0	.0	.0	.0	.0	.0	.15	.0	.0	.0	.3	.1	.3	---
Nephritis, Acute and Chronic	19.0	28.6	24.7	28.6	29.8	28.8	25.0	30.9	28.3	24.1	23.9	24.7	30.7	30.2	29.9
Puerperal Deaths -----	13.3	15.8	12.1	13.7	15.0	13.6	11.1	10.6	13.5	10.8	9.6	9.3	7.5	7.0	6.9
External Causes -----	85.2	53.9	55.2	48.0	57.0	52.3	52.0	60.5	69.8	65.8	53.1	54.7	51.0	51.5	52.5

TABLE XXVIII.

CERTAIN CAUSES OF DEATHS OF INDIANS, 1934-1935

	1934	1935		1934	1935
Typhoid	3		Pneumonia (not specified)....	16	10
Whooping Cough	51	20	Other Diseases of Respira-		
Diphtheria	1	1	tory System	1	---
Influenza	6	3	Diseases of Digestive System	26	16
Cerebrospinal Meningitis	1	1	Nephritis	2	5
T.B. of Respiratory System	118	126	Puerperal	5	3
T.B. of Meninges	11	5	Congenital Malformations	7	1
T.B. of Intestines	4	6	Congenital Debility	14	17
T.B. of other organs, etc.	6	5	Premature Birth	8	6
Disseminated Tuberculosis....	4	4	Injury at Birth	3	5
Syphilis	---	2	Other Diseases of Early In-		
Cancer	9	5	fancy	6	4
Bronchitis	8	6	Senility	8	10
Diseases of Nervous System	24	18	Accidental Poisoning	2	---
Diseases of Circulatory			Accidental Drowning	4	2
System	11	12	Other Accidents	13	7
Broncho-Pneumonia	20	27	Cause of Death not specified		
Lobar Pneumonia	3	11	or ill-defined	3	4

While the general tables and text include Indians, the following may be submitted, in that the conditions of life among this part of our population are different, and our findings may call for different methods of approach to their problems. All registrations, Indian or otherwise, come direct through the Provincial Vital Statistics Division, and transcripts forwarded to the Dominion Bureau of Statistics. Indian registrations, however, are only available for Manitoba since 1929.

The Treaty Indian population for the year 1935 is estimated at 13,716 for Manitoba. While this figure is small, compared with the total population, the rates for certain diseases are adversely affected—in some Provinces more than others. Indians comprise little more than one per cent. of the total population of the nine provinces. However, in the four Western Provinces, including Manitoba, the removal of figures for Indians lessens the rate for Tuberculosis, and in a lesser degree, Pneumonia and Influenza. It is submitted that statistics of Births, Marriages and Deaths for Indians are not considered as complete as for the other races. However, our Division Registrars are being urged to co-operate as far as possible under a heavy handicap, i.e., Indian customs and educational difficulties are dominant factors in the situation.

The total number of births reported in 1935 was 520, (255 male and 265 female), a decrease of 234 under the year 1934. Figures for the year 1934 show 404 deaths and 336 for the year 1935, a decrease of 68. A natural increase in excess of births over deaths, for 1933 to 1935 of 276, 350 and 184 respectively.

While the per cent. of the total living births for all children born out of wedlock is 3.8, the Indian rate would appear much higher, viz., 8.9 (46 births, 15 male and 31 female).

Infant Mortality is reflected by a comparison between 140 deaths in 1933, 136 in 1934, and 110 in 1935. These figures give a rate of 205, 180 and 211 respectively, per 1,000 living births. Above is a Table of causes of death in accordance with the 1929 International List of Causes of Death.

Respectfully submitted,

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Recorder,

Division of Vital Statistics.

